



U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

400 Seventh Street, S.W.
Washington, D.C. 20590

Dear Crash Data Researchers/Users:

Thank you for choosing crash data from the National Highway Traffic Safety Administration (NHTSA) for your research or other use. The information contained in this motor vehicle crash report is collected, maintained and distributed in accordance with Public Law 89-564. In accordance with this Public Law, NHTSA is required not to release any case information until completion of quality control procedures. These procedures include a review of the case material to extract all names, licenses and registration numbers, non-coded interview material, non-research related researcher comments in the margins, non-factual data, and the production number portion of the vehicle identification number (VIN).

If you requested NHTSA to query its database files in order to identify a specific crash, then that query was made using non-personal descriptors you provided for use in our search. This motor vehicle crash may have been identified from a data search and matches the general, non-personal descriptors you provided, but we cannot confirm that this is the specific crash report you requested.

If you have any questions with regard to the above procedures, please contact the Field Operations Branch, Crash Investigation Division, National Center for Statistics and Analysis at 202-366-4820. Again, please be advised that we cannot confirm that this is the case that you have specifically requested nor can we certify the information to be correct.

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AUTO SAFETY HOTLINE
(800) 424-9393
Wash. D.C. Area 366-0123



CASE SUMMARY

PSU 74 CASE NO. 195J TYPE OF ACCIDENT Minivan-Car/Angle collision

A. DESCRIPTION OF THE ACCIDENT SEQUENCE AND ACCIDENT PECULIARITIES

(Provide a summary of the accident sequence as well as any particular event of the accident that is noteworthy. Injury mechanism and vehicle crashworthiness is the focus, not driver culpability. Do not include any personal identifiers.)

See Attached

B. VEHICLE PROFILE(S)

Vehicle No.	Class of Vehicle	Year/Make/Model	Most Severe Damage Based on Vehicle Inspection		Component Failure
			Damage Plane	Severity Description	

DO NOT SANITIZE THIS FORM

C. PERSON PROFILE(S)

Vehicle No.	Person Role	Seat Position	Restraint Use	Most Severe Injury (TO BE COMPLETED BY ZONE CENTER)			
				Body Region	Injury Type	AIS	Injury Source

Body Region

Abdomen
Ankle—foot
Arm (upper)
Back-thoracolumbar spine
Brain
Chest
Ears
Eye
Elbow
Face
Forearm
Head—skull
Heart
Kidneys
Knee
Leg (lower)
Liver
Lower limb(s) (whole or unknown part)
Mouth
Neck—cervical spine
Nose

Pelvic—hip
Pulmonary—lungs
Shoulder
Spleen
Thigh
Thyroid, other endocrine gland
Upper limb(s) (whole or unknown part)
Vertebrae
Whole body
Wrist—hand

Injury Type

Abrasion
Amputation
Avulsion
Burn
Concussion
Contusion
Crush
Detachment, separation
Dislocation

Fracture
Fracture and dislocation
Laceration
Other
Perforation, puncture
Rupture
Sprain
Strain
Total severance, transection
Unknown

Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

DO NOT SANITIZE THIS FORM

PSU74

1996 Case Summary Form

CASE 195J

TYPE OF ACCIDENT: CAR-CAR/ANGLE COLLISION

A. DESCRIPTION OF THE ACCIDENT SEQUENCE AND ACCIDENT PECULIARITIES

VEHICLE 1 WAS HEADED EAST ON A FIVE LANE DIVIDED STREET. VEHICLE 2 WAS HEADED NORTH ON A UNDIVIDED TWO WAY STREET. DUE TO CONSTRUCTION, VEHICLE 2 WAS TRAVELLING NORTH ON A SOUTHBOUND LANE. AS VEHICLE 2 ENTERED THE INTERSECTION, IT WAS STRUCK ON THE LEFT SIDE BY THE FRONT OF VEHICLE 1. BOTH VEHICLES WERE HEADED NORTH AFTER THE ACCIDENT. BOTH VEHICLES WERE TOWED DUE TO DAMAGE. THE DRIVER OF VEHICLE 2 AND THE PASSENGER OF VEHICLE 1 WERE INJURED IN THE ACCIDENT. A CHILD IN THE PASSENGER SEAT OF VEHICLE 1 RECEIVED SERIOUS INJURIES FROM THE AIRBAG.

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PSU74

1996 Case Summary Form

CASE 195J

TYPE OF ACCIDENT: CAR-CAR/ANGLE COLLISION

B. VEHICLE PROFILE(S)

Most Severe Damage Based
on Vehicle Inspection

V e h. No	Class of Vehicle	Year/Make/ Model	Damage Plane	Severity Descr.	Component Failure
1	VAN	95/PLY/VOYAGER	FRONT	MINOR	NONE
2 01	SUB COMPACT	90/EAGLE/TALON	LEFT	MINOR	NONE

PSU74

1996 Case Summary Form

CASE 195J

TYPE OF ACCIDENT: CAR-CAR/ANGLE COLLISION

C. PERSON PROFILE(S)

Most Severe Injury
(TO BE COMPLETED BY ZONE CENTER)

V e h. No	Person Role	Seat Position	Restraint Use	Body Region	Injury Type	A	Injury Source
						I	
1	DRIVER	L. FRONT	AIRBAG	ARM	FRACTURE	2	LEFT A PILLAR
1	PASS.	R. FRONT	AIRBAG	SPINE	DISLOCATION	6	AIR BAG
2	DRIVER	L. FRONT	L & S	SCALP	CONTUSION	1	ROOF SIDE RAIL



ACCIDENT COLLISION MEASUREMENT TABLE

Primary Sampling Unit Number

Case Number—Stratum 1953

ACCIDENT COLLISION DIAGRAM																														
Document the physical plant:	Document vehicle dynamics including:	CRASH DATA																												
<ul style="list-style-type: none"> • all road/roadway delineation (e.g., curbs/edge lines, lane markings, median markings, pavement markings, parked vehicles, poles, signs, etc.) • all traffic controls (e.g., signs/signals, etc.) • north arrow placed on diagram • roadway surface type and condition of applicable roadways • grade measurements for all applicable roadways and at location of rollover initiation • roadway curvature (include measurement of precrash superelevation for each vehicle if applicable) 	<ul style="list-style-type: none"> • reference point and reference line relative to physical features present at the scene • scaled documentation of all accident induced physical evidence • scaled documentation of all roadside objects contacted • scaled representations of the vehicle(s) at pre-impact, impact, and final rest based upon either: <ul style="list-style-type: none"> a) physical evidence, or b) reconstructed accident dynamics 	<p>VEH. #1 VEH. #2 VEH. #3</p> <table> <tr> <td>Heading Angle</td> <td><u>90</u></td> <td><u>10</u></td> <td></td> </tr> <tr> <td>Surface Type</td> <td><u>Concrete</u></td> <td></td> <td></td> </tr> <tr> <td>Surface Condition</td> <td><u>wet</u></td> <td><u>wet</u></td> <td></td> </tr> <tr> <td>Coefficient of Friction</td> <td><u>.70</u></td> <td><u>.70</u></td> <td></td> </tr> <tr> <td>Grade (v/h) Measurement (between impact and final rest)</td> <td><u>9/22</u></td> <td><u>5/122</u></td> <td></td> </tr> <tr> <td>Grade (v/h) Measurement (at location of rollover initiation)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Grade (v/h) Measurement (at pre-crash location)</td> <td><u>9/22</u></td> <td><u>5/122</u></td> <td></td> </tr> </table>	Heading Angle	<u>90</u>	<u>10</u>		Surface Type	<u>Concrete</u>			Surface Condition	<u>wet</u>	<u>wet</u>		Coefficient of Friction	<u>.70</u>	<u>.70</u>		Grade (v/h) Measurement (between impact and final rest)	<u>9/22</u>	<u>5/122</u>		Grade (v/h) Measurement (at location of rollover initiation)				Grade (v/h) Measurement (at pre-crash location)	<u>9/22</u>	<u>5/122</u>	
Heading Angle	<u>90</u>	<u>10</u>																												
Surface Type	<u>Concrete</u>																													
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Grade (v/h) Measurement (at location of rollover initiation)																														
Grade (v/h) Measurement (at pre-crash location)	<u>9/22</u>	<u>5/122</u>																												

Reference Point: Prolongation of NE corner

Reference line: North edge of

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
Traffic Signal	6.6 (E)	50 (N)



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ACCIDENT COLLISION DIAGRAM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM



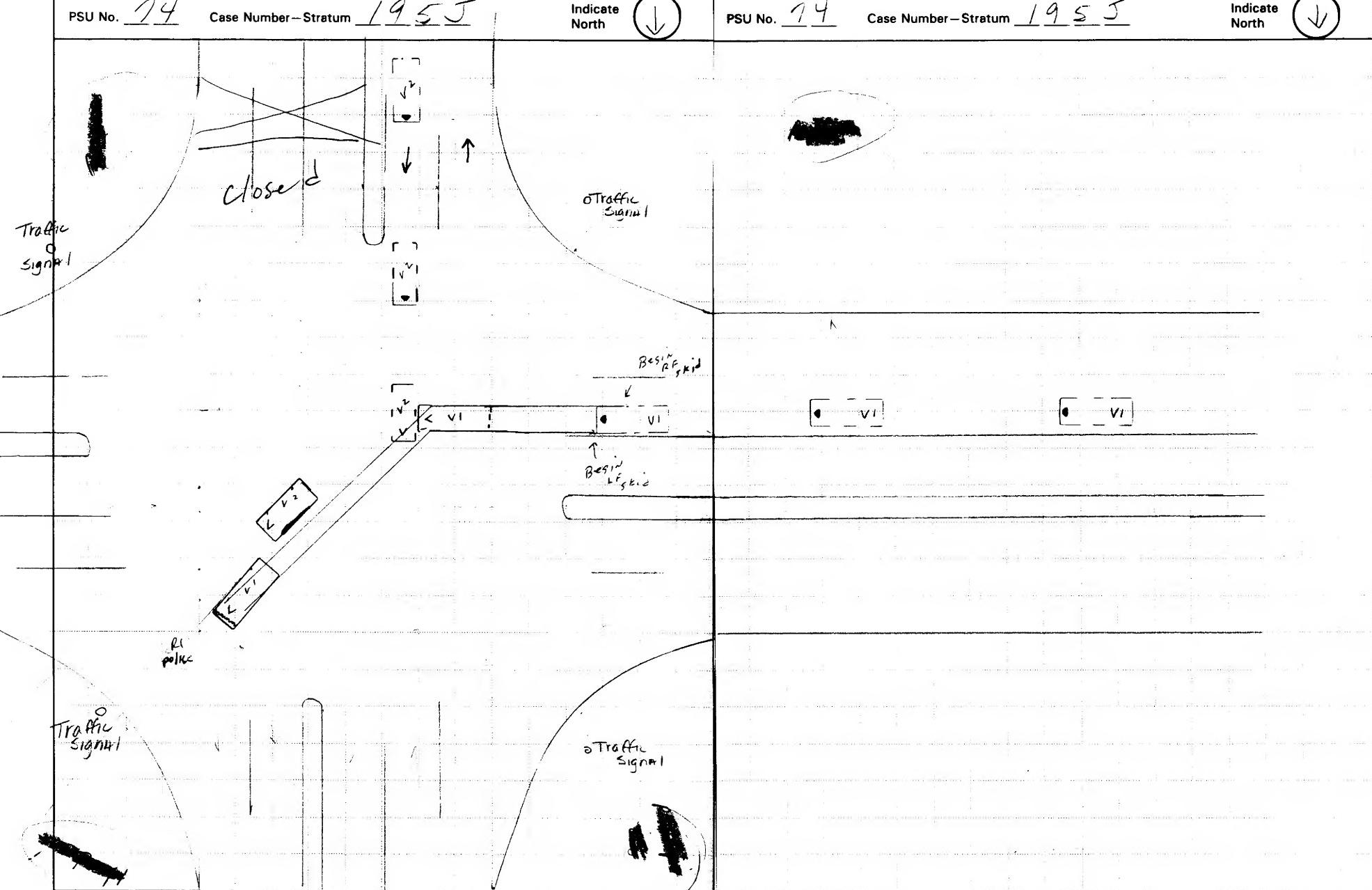
U.S. Department of Transportation
National Highway Traffic Safety
Administration

ACCIDENT COLLISION DIAGRAM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

PSU No. 74 Case Number—Stratum 1955 Indicate North

PSU No. 74 Case Number—Stratum 1955 Indicate North





U.S. Department of Transportation
National Highway Traffic Safety
Administration

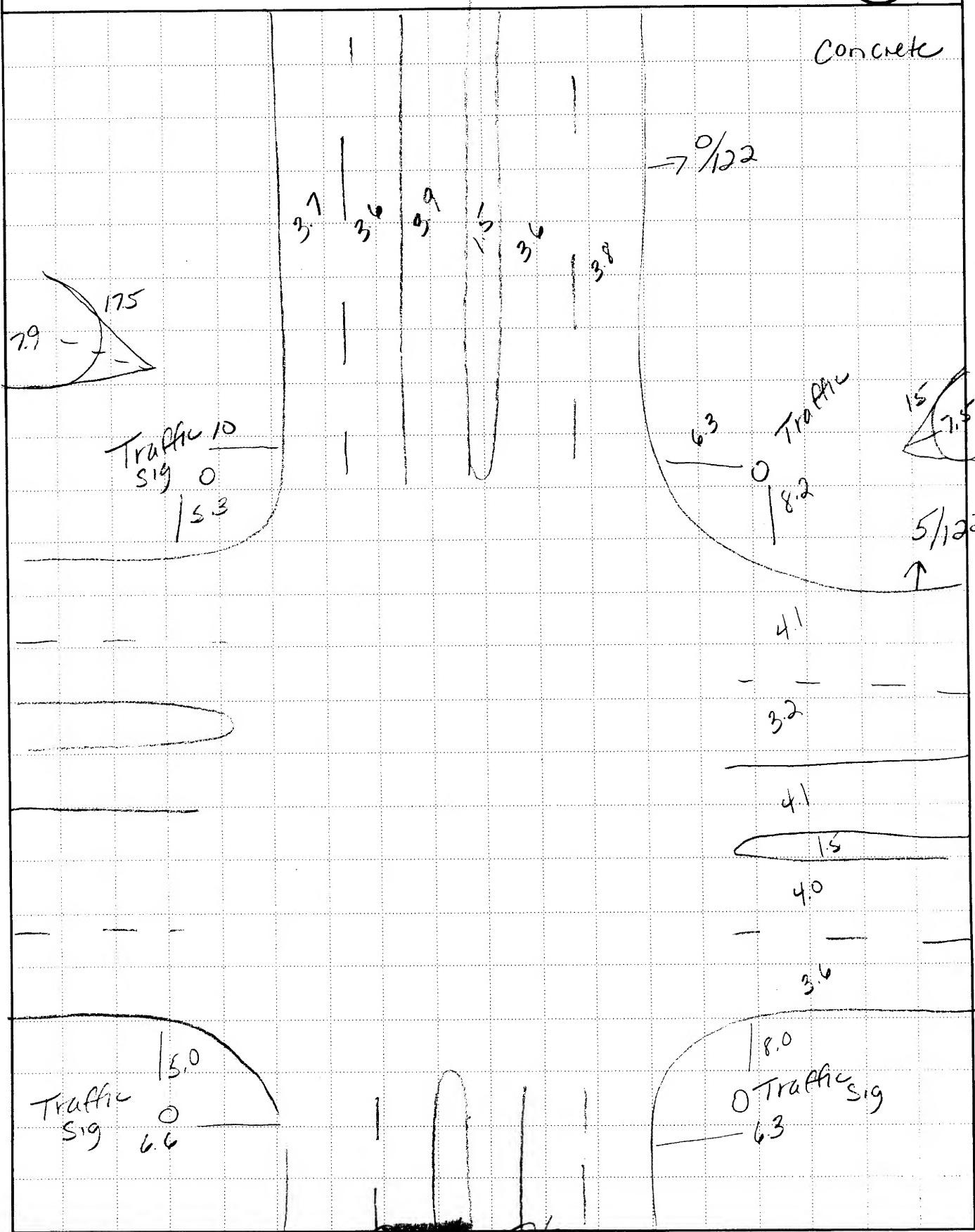
ACCIDENT COLLISION DIAGRAM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

PSU No. 24

Case Number—Stratum 1955

Indicate
North





ACCIDENT FORM

1. Primary Sampling Unit Number 24

2. Case Number - Stratum 1953

IDENTIFICATION

3. Number of General Vehicle
Forms Submitted 02

4. Date of Accident
(Month, Day, Year) 7 9 6

5. Time of Accident 1051

Code reported military time of accident.

NOTE: Midnight = 2400
Unknown = 9999

SPECIAL STUDIES - INDICATORS

Check (✓) each special study (SS15-SS18 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

6. SS15 Administrative Use 0

7. SS16 Pedestrian Crash Data Study
*(Data for this special study available
in a separate file.)* 0

8. SS17 Impact Fires 0

9. SS18 Unsafe Driver Actions 0

10. SS19 Run Off Road 0

NUMBER OF EVENTS

11. Number of Recorded Events
in This Accident 01

Code the number of events which occurred
in this accident.

ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object in the right columns.

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. <u>0 1</u>	<u>01</u>	<u>20</u>	<u>E</u>	<u>02</u>	<u>01</u>	<u>L</u>
19. <u>0 2</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
26. <u>0 3</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
33. <u>0 4</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
40. <u>0 5</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
41. <u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
42. <u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
43. <u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
44. <u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
45. <u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
46. <u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT

CODES FOR CLASS OF VEHICLE

- | | |
|---|--|
| (00) Not a motor vehicle | (31) Large pickup truck (\leq 4,536 kgs GVWR) |
| (01) Subcompact/mini (wheelbase $<$ 254 cm) | (38) Other pickup truck (\leq 4,536 kgs GVWR) |
| (02) Compact (wheelbase \geq 254 but $<$ 265 cm) | (39) Unknown pickup truck type (\leq 4,536 kgs GVWR) |
| (03) Intermediate (wheelbase \geq 265 but $<$ 278 cm) | (45) Other light truck (\leq 4,536 kgs GVWR) |
| (04) Full size (wheelbase \geq 278 but $<$ 291 cm) | (48) Unknown light truck type (\leq 4,536 kgs GVWR) |
| (05) Largest (wheelbase \geq 291 cm) | (49) Unknown light vehicle type |
| (09) Unknown passenger car size | (50) School bus (excludes van based) ($>$ 4,536 kgs GVWR) |
| (14) Compact utility vehicle | (58) Other bus ($>$ 4,536 kgs GVWR) |
| (15) Large utility vehicle (\leq 4,536 kgs GVWR) | (59) Unknown bus type |
| (16) Utility station wagon (\leq 4,536 kgs GVWR) | (60) Truck ($>$ 4,536 kgs GVWR) |
| (19) Unknown utility type | (67) Tractor without trailer |
| (20) Minivan (\leq 4,536 kgs GVWR) | (68) Tractor-trailer(s) |
| (21) Large van (\leq 4,536 kgs GVWR) | (78) Unknown medium/heavy truck type |
| (24) Van Based school bus (\leq 4,536 kgs GVWR) | (79) Unknown light/medium/heavy truck type |
| (28) Other van type (\leq 4,536 kgs GVWR) | (80) Motored cycle |
| (29) Unknown van type (\leq 4,536 kgs GVWR) | (90) Other vehicle |
| (30) Compact pickup truck (\leq 4,536 kgs GVWR) | (99) Unknown |

CODES FOR GENERAL AREA OF DAMAGE (GAD)

CDS APPLICABLE AND OTHER VEHICLES	(O) Not a motor vehicle (N) Noncollision (F) Front	(R) Right side (L) Left side (B) Back	(T) Top (U) Undercarriage (9) Unknown
TDC APPLICABLE VEHICLES	(O) Not a motor vehicle (N) Noncollision (F) Front (R) Right side	(L) Left side (B) Back of unit with cargo area (rear of trailer or straight truck) (D) Back (rear of tractor)	(C) Rear of cab (V) Front of cargo area (T) Top (U) Undercarriage (9) Unknown

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

- | | |
|---|--|
| (01-30) — Vehicle Number | (57) Fence
(58) Wall
(59) Building
(60) Ditch or culvert
(61) Ground
(62) Fire hydrant
(63) Curb
(64) Bridge
(68) Other fixed object (specify):
<hr/> |
| Noncollision | (69) _____ |
| (31) Overturn — rollover (excludes end-over-end)
(32) Rollover — end-over-end
(33) Fire or explosion
(34) Jackknife
(35) Other intraunit damage (specify):
<hr/> | |
| (36) Noncollision injury
(38) Other noncollision (specify):
<hr/> | |
| (39) Noncollision — details unknown | Collision with Nonfixed Object
(70) Passenger car, light truck, van, or other vehicle
not in-transport
(71) Medium/heavy truck or bus not in-transport
(72) Pedestrian
(73) Cyclist or cycle
(74) Other nonmotorist or conveyance
<hr/> |
| Collision With Fixed Object | (75) Vehicle occupant
(76) Animal
(77) Train
(78) Trailer, disconnected in transport
(79) Object fell from vehicle in-transport
(88) Other nonfixed object (specify):
<hr/> |
| Nonbreakaway Pole or Post | (89) Unknown nonfixed object
<hr/> |
| (50) Pole or post (\leq 10 cm in diameter)
(51) Pole or post ($>$ 10 cm but \leq 30 cm in diameter)
(52) Pole or post ($>$ 30 cm in diameter)
(53) Pole or post (diameter unknown)
<hr/> | (98) Other event (specify):
<hr/> |
| (54) Concrete traffic barrier
(55) Impact attenuator
(56) Other traffic barrier (includes guardrail)
(specify):_____ | (99) Unknown event or object |



GENERAL VEHICLE FORM

<p>1. Primary Sampling Unit Number <u>74</u></p> <p>2. Case Number - Stratum <u>1955</u></p> <p>3. Vehicle Number <u>01</u></p>	<p>12. Speed Limit <u>064</u> (000) No statutory limit Code posted or statutory speed limit in kmph (999) Unknown</p> <p><u>40</u> mph X 1.6093 = <u>064</u> kmph</p>
VEHICLE IDENTIFICATION	
<p>4. Vehicle Model Year <u>95</u> Code the last two digits of the model year (99) Unknown</p> <p>5. Vehicle Make (specify): <u>Plymouth</u> Applicable codes are found in your NASS Data Collection, Coding and Editing Manual. (99) Unknown</p> <p>6. Vehicle Model (specify): <u>Voyager</u> Applicable codes are found in your NASS Data Collection, Coding and Editing Manual. (999) Unknown</p> <p>7. Body Type <u>20</u> Note: Applicable codes may be found on the back of this page.</p> <p>8. Vehicle Identification Number <u>2P4GH25</u> Left justify; Slash zeros and letter Z (0 and Z) No VIN—Code all zeros Unknown—Code all nines</p> <p>9. Vehicle Special Use (This Trip) <u>0</u> (0) No special use (1) Taxi (2) Vehicle used as school bus (3) Vehicle used as other bus (4) Military (5) Police (6) Ambulance (7) Fire truck or car (8) Other (specify): _____ (9) Unknown</p>	<p>13. Police Reported Alcohol Presence For Driver <u>0</u> (0) No alcohol present (1) Yes alcohol present (7) Not reported (8) No driver present (9) Unknown</p> <p>14. Alcohol Test Result For Driver <u>96</u> Code actual value (decimal implied before first digit—0.xx) (95) Test refused (96) None given (97) AC test performed, results unknown (98) No driver present (99) Unknown</p> <p>Source: _____</p> <p>15. Police Reported Other Drug Presence For Driver <u>0</u> (0) No other drug(s) present (1) Yes other drug(s) present (7) Not reported (8) No driver present (9) Unknown</p> <p>16. Other Drug Specimen Test Result For Driver <u>0</u> (0) No specimen test given (1) Drug(s) not found in specimen (2) Drug(s) found in specimen, (specify): (3) Specimen test given, results unknown or not obtained (8) No driver present (9) Unknown if specimen test given</p> <p>17. Driver's Zip Code _____ (00001) Driver not a resident of U.S. or territories _____ (99998) No driver present (99999) Unknown</p> <p>18. Driver's Race/Ethnic Origin <u>1</u> (1) White (non-Hispanic) (2) Black (non-Hispanic) (3) White (Hispanic) (4) Black (Hispanic) (5) American Indian, Eskimo or Aleut <u>7</u> (6) Asian or Pacific Islander <u>Attorney</u> (7) Other (specify): _____ (8) No driver present (9) Unknown</p>
OFFICIAL RECORDS	
<p>10. Police Reported Vehicle Disposition <u>1</u> (0) Not towed due to vehicle damage (1) Towed due to vehicle damage (9) Unknown</p> <p>11. Police Reported Travel Speed <u>999</u> Code to the nearest kmph (NOTE: 000 means less than 0.5 kmph) (160) 159.5 kmph and above (999) Unknown</p> <p><u>99</u> mph X 1.6093 = <u>999</u> kmph</p>	

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES	
Automobiles	
(01) Convertible (excludes sun-roof, t-bar)	
(02) 2-door sedan, hardtop, coupe	
(03) 3-door/2-door hatchback	
(04) 4-door sedan, hardtop	
(05) 5-door/4-door hatchback	
(06) Station wagon (excluding van and truck based)	
(07) Hatchback, number of doors unknown	
(08) Other automobile type (specify):	
(09) Unknown automobile type	
Automobile Derivatives	
(10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)	
(11) Auto based panel (cargo station wagon, auto based ambulance/hearse)	
(12) Large limousine - more than four side doors or stretched chassis	
(13) Three-wheel automobile or automobile derivative	
Utility Vehicles ($\leq 4,536$ kgs GVWR)	
(14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Passport, Samurai, Sidekick, Rocky)	
(15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Traillduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Hummer, Landcruiser, Rover, Scout, Yukon)	
(16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)	
(19) Utility, unknown body type	
Van Based Light Trucks ($\leq 4,536$ kgs GVWR)	
(20) Minivan (Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Vista, Aerostar, Windstar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Expo Wagon, Vanagon/Camper.)	
(21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)	
(22) Step van or walk-in van ($\leq 4,536$ kgs GVWR)	
(23) Van based motorhome ($\leq 4,536$ kgs GVWR)	
(24) Van based school bus ($\leq 4,536$ kgs GVWR)	
(25) Van based other bus ($\leq 4,536$ kgs GVWR)	
(28) Other van type (Hi-Cube Van, Kary) (specify):	
(29) Unknown van type	
Light Conventional Trucks (<i>Pickup style cab, $\leq 4,536$ kgs GVWR</i>)	
(30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)	
(31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500, T100)	
(32) Pickup with slide-in camper	
(33) Convertible pickup	
(39) Unknown pickup style light conventional truck type	
Other Light Trucks ($\leq 4,536$ kgs GVWR)	
(40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)	
(41) Truck based panel	
(42) Light truck based motorhome (chassis mounted)	
(45) Other light conventional truck type	
(48) Unknown light truck type	
(49) Unknown light vehicle type (automobile, utility, van, or light truck)	
OTHER VEHICLES	
Buses (Excludes Van Based)	
(50) School bus (designed to carry students, not cross country or transit)	
(58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify):	
(59) Unknown bus type	
Medium/Heavy Trucks ($> 4,536$ kgs GVWR)	
(60) Step van ($> 4,536$ kgs GVWR)	
(61) Single unit straight truck ($4,536$ kgs $<$ GVWR $\leq 8,845$ kgs)	
(62) Single unit straight truck ($8,845$ kgs $<$ GVWR $\leq 11,793$ kgs)	
(63) Single unit straight truck ($> 11,793$ kgs GVWR)	
(64) Single unit straight truck, GVWR unknown	
(65) Medium/heavy truck based motorhome	
(67) Truck-tractor with no cargo trailer	
(68) Truck-tractor pulling one trailer	
(69) Truck-tractor pulling two or more trailers	
(70) Truck-tractor (unknown if pulling trailer)	
(78) Unknown medium/heavy truck type	
(79) Unknown truck type (light/medium/heavy)	
Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)	
(80) Motorcycle	
(81) Moped (motorized bicycle)	
(82) Three-wheel motorcycle or moped	
(88) Other motored cycle (minibike, motorscooter) (specify):	
(89) Unknown motored cycle type	
Other Vehicles	
(90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)	
(91) Snowmobile	
(92) Farm equipment other than trucks	
(93) Construction equipment other than trucks	
(97) Other vehicle type	
(99) Unknown body type	

PRECRASH ENVIRONMENTAL DATA**19. Relation To Interchange Or Junction**

- (0) Non-interchange area and non-junction
 (1) Interchange area related

Non-Interchange junctions

- (2) Intersection related
 (3) Driveway, alley access related
 (4) Other junction (specify)

(5) _____
 (9) Unknown

20. Trafficway Flow

- (0) Not physically divided (two way traffic)
 (1) Divided trafficway-median strip without positive barrier
 (2) Divided trafficway-median strip with positive barrier
 (3) One way traffic
 (9) Unknown

21. Number Of Travel Lanes

- (1) One
 (2) Two
 (3) Three
 (4) Four
 (5) Five
 (6) Six
 (7) Seven or more
 (9) Unknown

22. Roadway Alignment

- (1) Straight
 (2) Curve right
 (3) Curve left
 (9) Unknown

23. Roadway Profile

- (1) Level
 (2) Uphill grade (> 2%)
 (3) Hill crest
 (4) Downhill grade (> 2%)
 (5) Sag
 (9) Unknown

24. Roadway Surface Type

- (1) Concrete
 (2) Bituminous (asphalt)
 (3) Brick or block
 (4) Slag, gravel, or stone
 (5) Dirt
 (8) Other (specify): _____
 (9) Unknown

25. Roadway Surface Condition

- (1) Dry
 (2) Wet
 (3) Snow or slush
 (4) Ice
 (5) Sand, dirt, or oil
 (8) Other (specify): _____
 (9) Unknown

3 2

26. Light Conditions

- (1) Daylight
 (2) Dark
 (3) Dark, but lighted
 (4) Dawn
 (5) Dusk
 (9) Unknown

1

27. Atmospheric Conditions

- (0) No adverse atmospheric-related driving conditions
 (1) Rain
 (2) Sleet/hail
 (3) Snow
 (4) Fog
 (5) Rain and fog
 (6) Sleet and fog
 (7) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify): _____
 (9) Unknown

0

28. Traffic Control Device

- (0) No traffic control(s)
 (1) Traffic control signal (not RR crossing)

Regulatory

- (2) Stop sign
 (3) Yield sign
 (4) School zone sign
 (5) Other regulatory sign (specify): _____

1

- (6) Warning sign (not RR crossing)

- (7) Unknown sign
 (8) Miscellaneous/other controls including RR controls (specify): _____

- (9) Unknown

4 X

29. Traffic Control Device Functioning

- (0) No traffic control device
 (1) Traffic control device not functioning (specify): _____
 (2) Traffic control device functioning properly
 (9) Unknown

2

PRECRASH DRIVER RELATED DATA

30. Driver's Distraction/Inattention To Driving (Prior To Recognition Of Critical Event) D
 (00) No driver present
 (01) Attentive or not distracted
 (02) Looked but did not see
 (03) By other occupant(s), (specify): _____
 (04) By moving object in vehicle (specify): _____
 (05) While talking or listening to cellular phone (specify location and type of phone): _____
 (06) While dialing cellular phone (specify location and type of phone): _____
 (07) While adjusting climate controls
 (08) While adjusting radio, cassette, CD (specify): _____
 (09) While using other device/controls integral to vehicle (specify): _____
 (10) While using or reaching for device/object brought into vehicle (specify): _____
 (11) Sleepy or fell asleep
 (12) Distracted by outside person, object, or event (specify): _____
 (13) Eating or drinking
 (14) Smoking related
 (97) Distracted/inattentive, details unknown
 (98) Other, distraction (specify): Construction area
 (99) Unknown
31. Pre-Event Movement (Prior to Recognition of Critical Event) O
 (00) No driver present
 (01) Going straight
 (02) Decelerating in traffic lane
 (03) Accelerating in traffic lane
 (04) Starting in traffic lane
 (05) Stopped in traffic lane
 (06) Passing or overtaking another vehicle
 (07) Disabled or parked in travel lane
 (08) Leaving a parking position
 (09) Entering a parking position
 (10) Turning right
 (11) Turning left
 (12) Making a U-turn
 (13) Backing up (other than for parking position)
 (14) Negotiating a curve
 (15) Changing lanes
 (16) Merging
 (17) Successful avoidance maneuver to a previous critical event
 (97) Other (specify): _____
 (99) Unknown
32. Critical Precrash Event b/c
- THIS VEHICLE LOSS OF CONTROL DUE TO:**
- (01) Blow out or flat tire
 (02) Stalled engine
 (03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
 (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
 (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
 (06) Traveling too fast for conditions
 (08) Other cause of control loss (specify): _____
 (09) Unknown cause of control loss

THIS VEHICLE TRAVELLING

- (10) Over the lane line on left side of travel lane
 (11) Over the lane line on right side of travel lane
 (12) Off the edge of the road on the left side
 (13) Off the edge of the road on the right side
 (14) End departure
 (15) Turning left at intersection
 (16) Turning right at intersection
 (17) Crossing over (passing through) intersection
 (18) This vehicle decelerating
 (19) Unknown travel direction

OTHER MOTOR VEHICLE IN LANE

- (50) Other vehicle stopped
 (51) Traveling in same direction with lower steady speed
 (52) Traveling in same direction while decelerating
 (53) Traveling in same direction with higher speed
 (54) Traveling in opposite direction
 (55) In crossover
 (56) Backing
 (59) Unknown travel direction of other motor vehicle in lane

OTHER MOTOR VEHICLE ENCROACHING INTO LANE

- (60) From adjacent lane (same direction)—over left lane line
 (61) From adjacent lane (same direction)—over right lane line
 (62) From opposite direction—over left lane line
 (63) From opposite direction—over right lane line
 (64) From parking lane
 (65) From crossing street, turning into same direction
 (66) From crossing street, across path
 (67) From crossing street, turning into opposite direction
 (68) From crossing street, intended path not known
 (70) From driveway, turning into same direction
 (71) From driveway, across path
 (72) From driveway, turning into opposite direction
 (73) From driveway, intended path not known
 (74) From entrance to limited access highway
 (78) Encroachment by other vehicle—details unknown

PEDESTRIAN, PEDALCYCLIST, OR OTHER NONMOTORIST

- (80) Pedestrian in roadway
 (81) Pedestrian approaching roadway
 (82) Pedestrian—unknown location
 (83) Pedalcyclist or other nonmotorist in roadway (specify): _____
 (84) Pedalcyclist or other nonmotorist approaching roadway, (specify): _____
 (85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

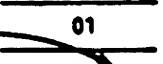
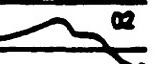
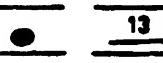
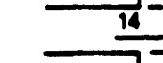
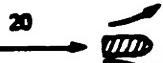
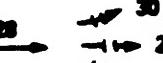
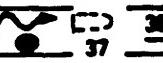
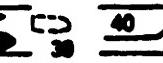
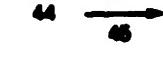
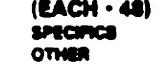
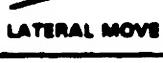
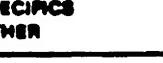
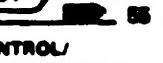
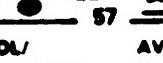
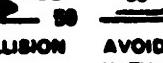
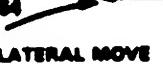
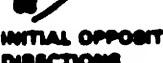
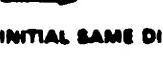
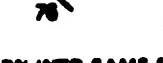
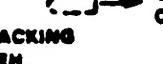
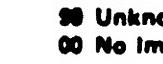
OBJECT OR ANIMAL

- (87) Animal in roadway
 (88) Animal approaching roadway
 (89) Animal—unknown location
 (90) Object in roadway
 (91) Object approaching roadway
 (92) Object—unknown location
 (98) Other critical precrash event (specify): _____

- (99) Unknown

<p>33. Attempted Avoidance Maneuver</p> <p>(00) No driver present (01) No avoidance maneuver (02) Braking (no lockup) (03) Braking (lockup) (04) Braking (lockup unknown) (05) Releasing brakes (06) Steering left (07) Steering right (08) Braking and steering left (09) Braking and steering right (10) Accelerating (11) Accelerating and steering left (12) Accelerating and steering right (98) Other action (specify): <hr/>(99) Unknown</p>	<p>03 <u>04</u> <i>Pre crash</i></p> <p>35. Pre-Impact Location</p> <p>(0) No driver present (1) Stayed in original travel lane (2) Stayed on roadway but left original travel lane (3) Stayed on roadway, not known if left original travel lane (4) Departed roadway (5) Remained off roadway (6) Returned to roadway (7) Entered roadway (9) Unknown</p>
<p>34. Pre-Impact Stability</p> <p>(0) No driver present (1) Tracking (2) Skidding longitudinally—rotation less than 30 degrees (3) Skidding laterally—clockwise rotation (4) Skidding laterally—counterclockwise rotation (7) Other vehicle loss-of-control (specify): <hr/>(9) Precrash stability unknown</p>	<p>2 <u>X</u></p> <p>36. Accident Type</p> <p>(Note: Applicable codes on back of this page)</p> <p>(00) No impact Code the number of the diagram that best describes the accident circumstance (98) Other accident type (specify): <hr/>(99) Unknown</p>

STOP HERE IF GV07 DOES NOT EQUAL 01 - 49

Category	Configuration	ACCIDENT TYPES (Includes Intent)																	
I Single Driver	A Right Roadside Departure				01	02	03	04	05	SPECIFICS OTHER	SPECIFICS UNKNOWN								
	B Left Roadside Departure				06	07	08	09	10	SPECIFICS OTHER	SPECIFICS UNKNOWN								
	C Forward Impact				11	12	13	14	15	16	SPECIFICS OTHER	SPECIFICS UNKNOWN							
II Same Trafficway Same Direction	D Rear-End				20	21	22	23	24	25	26	27	28	29	30	(EACH • 32) (EACH • 33)	(EACH • 32) (EACH • 33)	SPECIFICS OTHER	SPECIFICS UNKNOWN
	E Forward Impact				34	35	36	37	38	39	40	41	(EACH • 42) (EACH • 43)	SPECIFICS OTHER	SPECIFICS UNKNOWN				
	F Sideswipe Angle				44	45	46	47	(EACH • 48) SPECIFICS OTHER	(EACH • 49) SPECIFICS UNKNOWN	(EACH • 48) SPECIFICS OTHER	(EACH • 49) SPECIFICS UNKNOWN							
III Same Trafficway (Opposite Direction)	G Head-On				50	51	(EACH • 52) SPECIFICS OTHER	(EACH • 53) SPECIFICS UNKNOWN	(EACH • 53)	SPECIFICS UNKNOWN									
	H Forward Impact				54	55	56	57	58	59	60	61	(EACH • 62) (EACH • 63)	SPECIFICS OTHER	SPECIFICS UNKNOWN				
	I Sideswipe Angle				64	65	66	(EACH • 66) SPECIFICS OTHER	(EACH • 67) SPECIFICS UNKNOWN	(EACH • 67) SPECIFICS UNKNOWN									
IV Change Trafficway Vehicle Turning	J Turn Across Path				68	69	70	71	72	73	74	75	(EACH • 74) (EACH • 75)	SPECIFICS OTHER	SPECIFICS UNKNOWN				
	K Turn Into Path				76	77	78	79	80	81	82	83	(EACH • 84) (EACH • 85)	SPECIFICS OTHER	SPECIFICS UNKNOWN				
V Intersecting Paths (Vehicle Damage)	L Straight Paths				87	88	89	(EACH • 90) SPECIFICS OTHER	(EACH • 91) SPECIFICS UNKNOWN	(EACH • 91) SPECIFICS UNKNOWN									
VI Miscellaneous	M Backing Etc.				92	93	94	95	96	97	98	99	98 Other Accident Type 99 Unknown Accident Type 00 No Impact						

OCCUPANT RELATED			
37. Driver Presence in Vehicle (0) Driver not present (1) Driver present (9) Unknown		<u>1</u>	
38. Number of Occupants This Vehicle (00-96) Code actual number of occupants for this vehicle (97) 97 or more (99) Unknown		<u>02</u>	
39. Number of Occupant Forms Submitted		<u>02</u>	
AIR BAG RELATED			
40. Is this an AOPS Vehicle? (0) No (includes unknown) (1) Yes - researcher determined (2) VIN determined air bag system (3) VIN determined automatic (passive) belts (4) VIN determined air bag and automatic (passive) belts		<u>1</u>	
41. Air Bag(s) Deployment, First Seat Frontal (0) Not equipped or not available (1) No air bags deployed <i>Single Air Bag Vehicle</i> (2) Driver air bag deployed (3) Driver air bag, unknown if deployed <i>Multiple Air Bag Vehicle</i> (4) Driver side only deployed (5) Passenger side only deployed (6) Driver and passenger side deployed (7) Driver and passenger side unknown if deployed (8) Air bag(s) deployed, details unknown (9) Unknown		<u>6</u>	
42. Air Bag(s) Deployment, Other Than First Seat Frontal (0) Not equipped with an "other" air bag (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown <i>Specify type of "other" air bag present:</i> _____ _____		<u>0</u>	
VEHICLE WEIGHT ITEMS			
43. Vehicle Curb Weight _____ Code weight to nearest 10 kilograms. (045) Less than 454 kilograms (612) 6,124 kilograms or more (999) Unknown <u>3,400</u> lbs X .4536 = <u>1,552</u> kgs		<u>1,56</u> 0	
Source: <u>1995</u>			
44. Vehicle Cargo Weight _____ Code weight to nearest 10 kilograms. (000) Less than 5 kilograms (454) 4,536 kilograms or more (999) Unknown _____ lbs X .4536 = <u>000</u> kgs		<u>0,000</u> 0	
Source: _____			
ROLLOVER DATA			
45. Rollover (00) No rollover (no overturning)		<u>00</u>	
<i>Rollover (primarily about the longitudinal axis)</i>			
(01-16) Code the number of quarter turns (17) Rollover, 17 or more quarter turns (specify): (98) Rollover-end-over-end (i.e., primarily about the lateral axis) (99) Rollover (overturn), details unknown			
46. Rollover Initiation Type (00) No rollover (01) Trip-over (02) Flip-over (03) Turn-over (04) Climb-over (05) Fall-over (06) Bounce-over (07) Collision with another vehicle (08) Other rollover initiation type (specify): (98) Rollover-end-over-end (99) Unknown rollover initiation type		<u>00</u>	
47. Location of Rollover Initiation (0) No rollover (1) On roadway (2) On shoulder—paved (3) On shoulder—unpaved (4) On roadside or divided trafficway median (8) Rollover-end-over-end (9) Unknown		<u>0</u>	
48. Rollover Initiation Object Contacted <i>(Note: Applicable codes on back of page)</i>		<u>00</u>	
49. Location on Vehicle Where Initial Principal Tripping Force Is Applied (0) No rollover (1) Wheels/tires (2) Side plane (3) End plane (4) Undercarriage (5) Other location on vehicle (specify): (6) Non-contact rollover forces (specify): (8) Rollover-end-over-end (9) Unknown		<u>0</u>	
50. Direction of Initial Roll (0) No rollover (1) Roll right - primarily about the longitudinal axis (2) Roll left - primarily about the longitudinal axis (8) Rollover-end-over-end (9) Unknown roll direction		<u>0</u>	

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

(00) No rollover
(01-30) — Vehicle Number

Noncollision

- (31) Turn-over — fall-over
- (32) No rollover impact initiation (end-over-end)
- (34) Jackknife

Collision With Fixed Object

- (41) Tree (\leq 10 cm in diameter)
- (42) Tree ($>$ 10 cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment

- (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (\leq 10 cm in diameter)
- (51) Pole or post ($>$ 10 cm but \leq 30 cm in diameter)
- (52) Pole or post ($>$ 30 cm in diameter)
- (53) Pole or post (diameter unknown)

- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail)
(specify): _____

- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify): _____

(69) Unknown fixed object

Collision with Nonfixed Object

- (70) Passenger car, light truck, van, or other vehicle not in-transport
- (71) Medium/heavy truck or bus not in-transport
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (79) Object fell from vehicle in-transport
- (88) Other nonfixed object (specify): _____

- (89) Unknown nonfixed object

- (98) Other event (specify): _____

- (99) Unknown event or object

OVERRIDE/UNDERRIDE (THIS VEHICLE)		ACCIDENT RECONSTRUCTION PROGRAMS HIGHEST DELTA V
<p>51. Front Override/Underride (this Vehicle) <input checked="" type="checkbox"/></p> <p>52. Rear Override/Underride (this Vehicle) <input checked="" type="checkbox"/></p> <p>(0) No override/underride, or not an end-to-end impact between two CDS applicable vehicles, and no medium/heavy truck or bus underride</p> <p><i>Override (see specific CDC)</i> <i>/Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49)</i></p> <p>(1) 1st CDC</p> <p>(2) 2nd CDC</p> <p>(3) Other not automated CDC (specify): _____</p> <p><i>Underride (see specific CDC)</i> <i>/Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49)</i></p> <p>(4) 1st CDC</p> <p>(5) 2nd CDC</p> <p>(6) Other not automated CDC (specify): _____</p> <p>(7) Medium/heavy truck or bus override (of any configuration)</p> <p>(9) Unknown</p>		<p>58. Basis for Total (Resultant) Delta V (highest) <i>TH 03</i></p> <p>(00) No vehicle inspection</p> <p><i>Delta V Calculated</i></p> <p>(01) Reconstruction program-damage only routine</p> <p>(02) Reconstruction program-damage and trajectory routine</p> <p>(03) Missing vehicle algorithm</p> <p><i>Delta V Not Calculated</i></p> <p>(04) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.</p> <p><i>All vehicles within scope (CDC applicable) of reconstruction program but one of the collision conditions is beyond the scope of the reconstruction program or other acceptable reconstruction technique, regardless of adequacy of damage data.</i></p> <p>(05) Rollover</p> <p>(06) Other non-horizontal forces</p> <p>(07) Sideswipe type damage</p> <p>(08) Severe override</p> <p>(09) Yielding object</p> <p>(10) Overlapping damage</p> <p>(11) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available, (specify): _____ _____</p> <p>(98) Other, (specify): _____ _____</p> <p><i>due to impact v = low hit on LF wheel</i></p>
HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V		
<p>Values: (000)-(359) Code actual value</p> <p>(996) Non-horizontal impact</p> <p>(997) Noncollision</p> <p>(998) Impact with object</p> <p>(999) Unknown</p> <p>53. Heading Angle For This Vehicle <i>00 090</i></p> <p>54. Heading Angle For Other Vehicle <i>00 010</i></p>		
RECONSTRUCTION DATA		
<p>55. Towed Trailing Unit <input checked="" type="checkbox"/></p> <p>(0) No towed unit</p> <p>(1) Yes—towed trailing unit</p> <p>(9) Unknown</p> <p>56. Documentation of Trajectory Data for This Vehicle <input checked="" type="checkbox"/></p> <p>(0) No</p> <p>(1) Yes</p> <p>57. Post Collision Condition of Tree or Pole (For Highest Delta V) <i>due to impact v = low hit on LF wheel</i></p> <p>(0) Not collision (for highest delta V) with tree or pole</p> <p>(1) Not damaged</p> <p>(2) Cracked/sheared</p> <p>(3) Tilted <45 degrees</p> <p>(4) Tilted ≥45 degrees</p> <p>(5) Uprooted tree</p> <p>(6) Separated pole from base</p> <p>(7) Pole replaced</p> <p>(8) Other (specify): _____</p> <p>(9) Unknown</p>		

COMPUTER GENERATED CRASH SEVERITY

59. Total Delta V

Highest

000018 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)

(160) 159.5 kmph and above

(999) Unknown

60. Longitudinal Component of
Delta V

Highest

+ 000- 014 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: _000 means greater than

-0.5 kmph and less than +0.5 kmph)

(\pm 160) \pm 159.5 kmph and above

(_999) Unknown

61. Lateral Component of Delta V

Highest

+ 000- 012 Nearest kmph (highest) Nearest kmph (secondary)(NOTE: _000 means greater than -0.5 kmph and
less than +0.5 kmph)(\pm 160) \pm 159.5 kmph and above

(_999) Unknown

0404
Highest

62. Energy Absorption

0000, 0040388
Nearest 100 joules (highest) Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)

(9997) 999,650 joules or more

(9999) Unknown

63. Impact Speed

Highest

000998 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means

less than 0.5 kmph)

(160) 159.5 kmph and above

(998) Trajectory algorithm not run

(999) Unknown

DELTA V CONFIDENCE LEVEL

64. Confidence In Reconstruction Program
Results (For Highest Delta V)4 S

(0) No reconstruction

(1) Collision fits model — results appear
reasonable

(2) Collision fits model — results appear high

(3) Collision fits model — results appear low

(4) Borderline reconstruction — results appear
reasonable

OTHER SPEED ESTIMATE

65. Barrier Equivalent Speed

Highest

00015.9 Nearest kmph (highest)016 Nearest kmph (secondary)

(NOTE: 000 means

less than 0.5 kmph)

(160) 159.5 kmph and above

(999) Unknown

ESTIMATED DELTA V	INSPECTION TYPE
<p>66. Estimated Highest Delta V (Researcher Determined)</p> <p>(0) Reconstruction Delta V coded</p> <p><i>Estimated Delta V</i></p> <p>(1) Less than 10 kmph (2) \geq 10 kmph but $<$ 25 kmph (3) \geq 25 kmph but $<$ 40 kmph (4) \geq 40 kmph but $<$ 55 kmph (5) \geq 55 kmph</p> <p><i>Other estimates of damage severity</i></p> <p>(6) Minor (7) Moderate (8) Severe (9) Unknown</p>	<p>0 <input checked="" type="checkbox"/></p> <p>67. Type of Vehicle Inspection</p> <p>(0) No inspection (1) Vehicle fully repaired-no damage evident (2) Partial inspection (specify): _____ (3) Complete inspection</p> <p>DELTA V EVENT NUMBER</p> <p>68. Delta V Event Number <u>01</u></p> <p>Code the accident event sequence number that resulted in the Delta V that has been coded above for this vehicle</p> <p>(99) Unknown</p>

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV67 = 0), ***

DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***

THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
 OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.



EXTERIOR VEHICLE FORM

1. Primary Sampling Unit Number	<u>74</u>	3. Vehicle Number	<u>01</u>
2. Case Number - Stratum	<u>1955</u>		

VEHICLE IDENTIFICATION

VIN 2P4G125 [REDACTED]

Model Year 95

Vehicle Make (specify): Plymouth

Vehicle Model (specify): Voyager

LOCATOR®

Locate the end of the damage with respect to the vehicle's damaged center point or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L	Location of Max Crush
1	whole front Bumper	whole front bumper	C1

CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

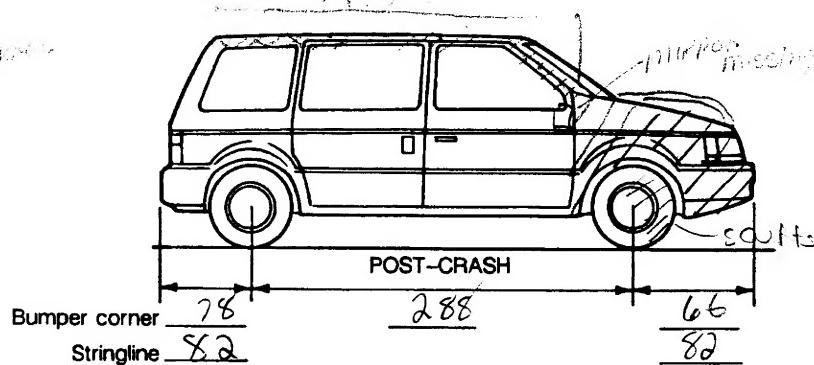
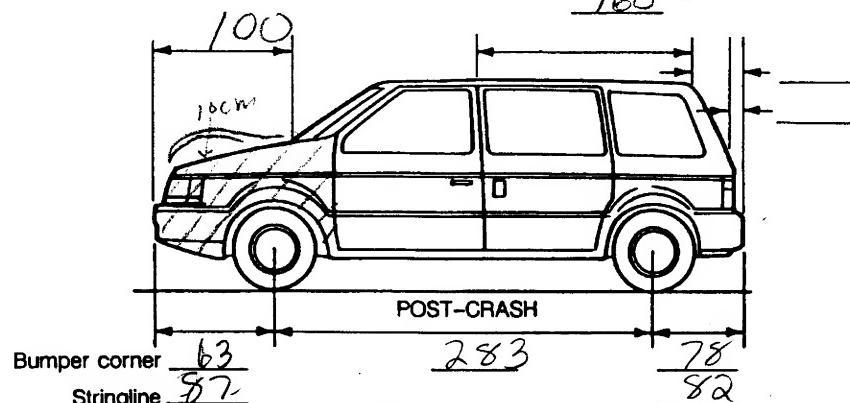
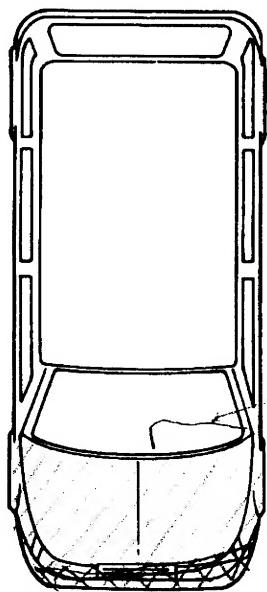
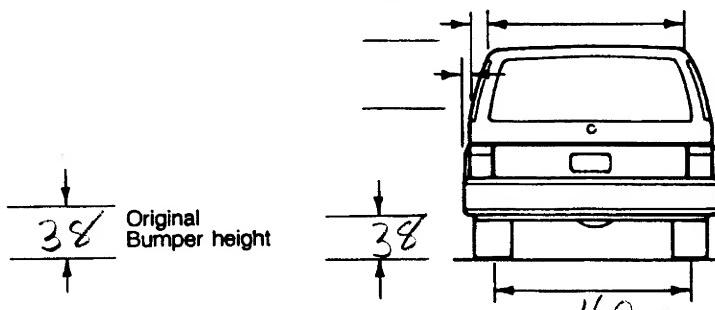
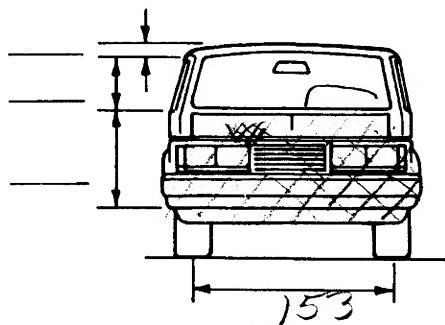
ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase	<u>112.3</u>	inches	x 2.54	=	<u>285</u>	cm
Overall Length	<u>178.1</u>	inches	x 2.54	=	<u>452</u>	cm
Maximum Width	<u>72</u>	inches	x 2.54	=	<u>183</u>	cm
Curb Weight	<u>3333</u>	¹⁰⁰ pounds	x .4536	=	<u>_____</u> kg	
Average Track	<u>154</u>	inches	x 2.54	=	<u>_____</u> cm	
Front Overhang	<u>_____</u>	inches	x 2.54	=	<u>_____</u> cm	
Rear Overhang	<u>_____</u>	inches	x 2.54	=	<u>_____</u> cm	
Undeformed End Width	<u>_____</u>	inches	x 2.54	=	<u>_____</u> cm	
Engine Size: cyl./displ.	<u>V6</u>	cc	x .001	=	<u>3.0</u>	L
	<u>_____</u>	CID	x .0164	=	<u>_____</u> L	

VEHICLE DAMAGE SKETCH

TIRE—WHEEL DAMAGE		ORIGINAL SPECIFICATIONS	WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only)
a. Rotation physically restricted	b. Tire deflated	Wheelbase <u>285</u> cm	RF \pm <u> </u> ° LF \pm <u> </u> ° RR \pm <u> </u> ° LR \pm <u> </u> °
RF <u>z</u> LF <u>z</u> RR <u>z</u> LR <u>z</u>	RF <u>z</u> LF <u>z</u> RR <u>z</u> LR <u>z</u>	Overall Length <u>452</u> cm	Within \pm 5 degrees
(1) Yes (2) No (8) NA (9) Unk.		Maximum Width <u>123</u> cm	
TYPE OF TRANSMISSION <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic		Curb Weight <u>1557</u> kg	
END SHIFT \geq 10 CM <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Average Track <u>614</u> cm	
		Front Overhang <u>85</u> cm	DRIVE WHEELS
		Rear Overhang <u>82</u> cm	<input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD
		Undeformed End Width <u>177</u> cm	Approximate Cargo Weight <u>0</u> kg
		Engine Size: cyl./displ. <u>V6 3.0</u> L	

MEASUREMENTS IN CENTIMETERS



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>01</u>	5. <u>02</u>	6. <u>01</u>	7. <u>F</u>	8. <u>D</u>	9. <u>C</u>	10. <u>W</u>	11. <u>01</u>

Second Highest Delta "V"

12. _____ 13. _____ 14. _____ 15. _____ 16. _____ 17. _____ 18. _____ 19. _____

CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

20.	21.	C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	22.
_____	_____	019	016	014	012	009	009	± D

177 ~~016~~ ~~014~~ 014 012 ~~008~~ ~~006~~ + 000

Second Highest Delta "V"

23.	24.	C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	25.
_____	_____	_____	_____	_____	_____	_____	_____	± D

----- ----- ----- ----- ----- ----- + -----

26. Undeformed End Width (Coded when highest severity impact is an end plane impact.) Code to the nearest centimeter (250) 250 centimeters or more (998) No highest severity end plane impact (999) Unknown	27. Direct Damage Width (For highest severity impact) Code to the nearest centimeter (250) 250 centimeters or more (999) Unknown	28. Original Wheelbase Code to the nearest centimeter (650) 650 centimeters or more (999) Unknown <u>178.3</u> inches X 2.54 = <u>285</u> centimeters	29. Original Average Track Width Code to the nearest centimeter (185) 185 centimeters or more (999) Unknown <u>61</u> . <u>5</u> inches X 2.54 = <u>156</u> centimeters
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FUEL SYSTEM	
<p>30. Are CDCs Documented but Not Coded on The Automated File?</p> <p>(0) No (1) Yes</p> <p>31. Researcher's Assessment of Vehicle Disposition</p> <p>(0) Not towed due to vehicle damage (1) Towed due to vehicle damage (9) Unknown</p> <p>32. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle?</p> <p>(0) No post manufacturer modifications (1) Yes - post manufacturer modifications (specify): _____ (Include photograph of CERTIFICATION PLACARD in case report) (9) Unknown if vehicle is modified</p>	<p>35. Location of Fuel Tank-1 Filler Cap <u>4</u></p> <p>36. Location of Fuel Tank-2 Filler Cap <u>0</u></p> <p>(0) No fuel tank (1) On back plane (2) Aft of center of the rear wheels (rear axle) on left side plane (3) Aft of center of the rear wheels (rear axle) on right side plane (4) Forward of center of the rear wheels (rear axle) on left side plane (5) Forward of center of the rear wheels (rear axle) on right side plane (6) Over the center of the rear wheels (rear axle) on left side plane (7) Over the center of the rear wheels (rear axle) on right side plane (8) Other (specify): _____ (9) Unknown</p> <p>37. Type of Fuel Tank-1 <u>1</u></p> <p>38. Type of Fuel Tank-2 <u>0</u></p> <p>(0) No fuel tank (electrical vehicle) (1) Metallic (2) Non-metallic (9) Unknown</p> <p>39. Location of Fuel Tank-1 <u>4</u></p> <p>40. Location of Fuel Tank-2 <u>0</u></p> <p>(0) No fuel tank (1) Aft of center of the rear wheels (rear axle) centered (2) Aft of center of the rear wheels (rear axle) left side (3) Aft of center of the rear wheels (rear axle) right side (4) Forward of center of the rear wheels (rear axle) centered (5) Forward of center of the rear wheels (rear axle) left side (6) Forward of center of the rear wheels (rear axle) right side (7) Over center of the rear wheels (rear axle) (8) Other (specify): _____ (9) Unknown</p> <p>41. Damage to Fuel Tank-1 <u>1</u></p> <p>42. Damage to Fuel Tank-2 <u>0</u></p> <p>(0) No fuel tank (1) No damage to fuel tank (2) Deformed, no seam failure (3) Deformed, with a seam failure (4) Punctured (5) Lacerated (ripped) (6) Abraded (scraped) (7) Filler neck separation from the fuel tank (8) Other damage (specify): _____ (9) Unknown</p>
FIRE OCCURRENCE	
<p>33. Fire Occurrence <u>0</u></p> <p>Yes, fire occurred</p> <p>(1) Minor (2) Major (9) Unknown</p> <p>34. Origin of Fire <u>0</u></p> <p>(0) No fire (1) Vehicle exterior (front, side, back, top) (2) Exhaust system (3) Fuel tank (and other fuel retention system parts) (4) Engine compartment (5) Cargo/trunk compartment (6) Instrument panel (7) Passenger compartment area (8) Other location (specify): _____ (9) Unknown</p>	

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED ***

(GV10=0)

DO NOT COMPLETE THE INTERIOR VEHICLE FORM.

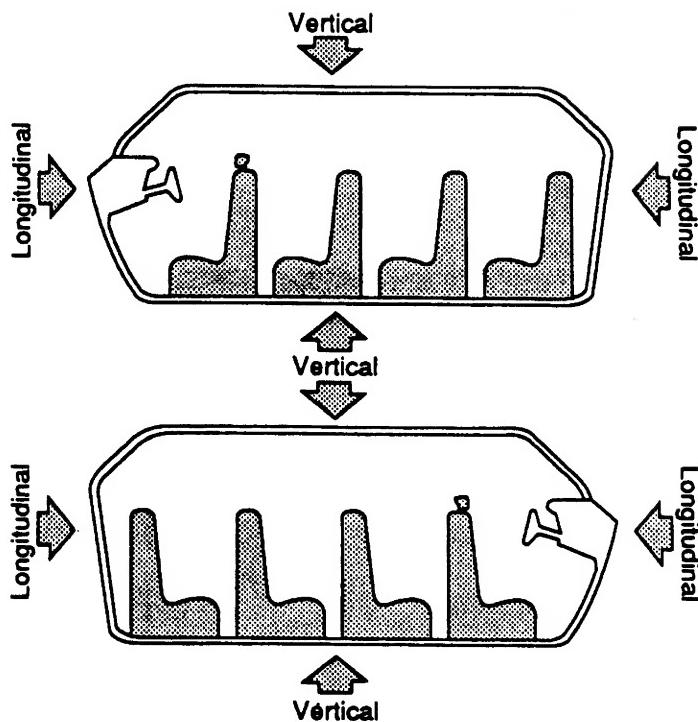
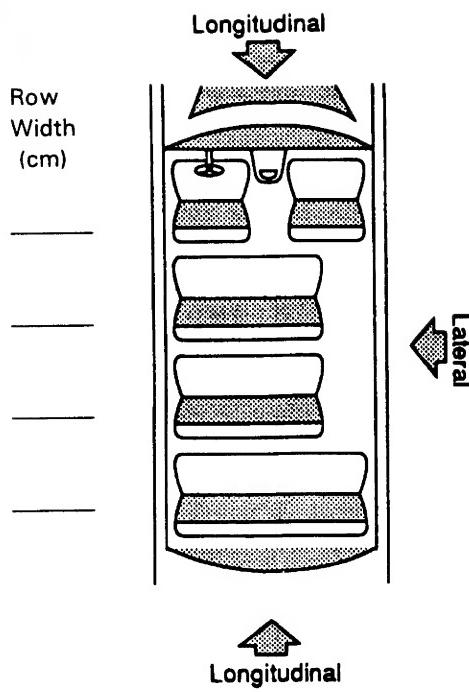


INTERIOR VEHICLE FORM

<p>1. Primary Sampling Unit Number <u>741</u></p> <p>2. Case Number - Stratum <u>195 J</u></p> <p>3. Vehicle Number <u>01</u></p>	<h3 style="text-align: center;">INTEGRITY</h3> <p>4. Passenger Compartment Integrity <u>00</u></p> <p>(00) No integrity loss</p> <p>Yes, Integrity Was Lost Through</p> <p>(01) Windshield</p> <p>(02) Door (side)</p> <p>(03) Door/hatch (back door)</p> <p>(04) Roof</p> <p>(05) Roof glass</p> <p>(06) Side window</p> <p>(07) Rear window (backlight)</p> <p>(08) Roof and roof glass</p> <p>(09) Windshield and door (side)</p> <p>(10) Windshield and roof</p> <p>(11) Side and rear window (side window and backlight)</p> <p>(12) Windshield and side window</p> <p>(13) Door and side window</p> <p>(98) Other combination of above (specify): _____</p> <p>(99) Unknown</p>
<p>Door, Tailgate or Hatch Opening</p> <p>5. LF <u>/</u> 6. RF <u>/</u> 7. LR <u>○</u> 8. RR <u>/</u> 9. TG/H <u>/</u></p> <p>(0) No door/gate/hatch</p> <p>(1) Door/gate/hatch remained closed and operational</p> <p>(2) Door/gate/hatch came open during collision</p> <p>(3) Door/gate/hatch jammed shut</p> <p>(8) Other (specify): _____</p> <p>(9) Unknown</p>	
<p>Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 ≠ 2, Then code Ø</p> <p>10. LF <u>○</u> 11. RF <u>○</u> 12. LR <u>○</u> 13. RR <u>○</u> 14. TG/H <u>○</u></p> <p>(0) No door/gate/hatch or door not opened</p> <p>Door, Tailgate or Hatch Came Open During Collision</p> <p>(1) Door operational (no damage)</p> <p>(2) Latch/striker failure due to damage</p> <p>(3) Hinge failure due to damage</p> <p>(4) Door structure failure due to damage</p> <p>(5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage</p> <p>(6) Latch/striker and hinge failure due to damage</p> <p>(8) Other failure (specify): _____</p> <p>(9) Unknown</p>	
<p>GLAZING</p> <p>Type of Window/Windshield Glazing</p> <p>15. WS <u>/</u> 16. LF <u>2</u> 17. RF <u>2</u> 18. LR <u>2</u> 19. RR <u>2</u></p> <p>20. BL <u>2</u> 21. Roof <u>○</u> 22. Other <u>2</u></p> <p>(0) No glazing</p> <p>(1) AS-1 -- Laminated</p> <p>(2) AS-2 -- Tempered</p> <p>(3) AS-3 -- Tempered-tinted (original)</p> <p>(4) AS-2 -- Tempered-with after market tint</p> <p>(5) AS-3 -- Tempered-tinted (with additional after market tint)</p> <p>(6) AS-14 -- Glass/Plastic</p> <p>(7) Glazing removed prior to accident</p> <p>(8) Other (specify): _____</p> <p>(9) Unknown</p>	
<p>Window Precrash Glazing Status</p> <p>23. WS <u>/</u> 24. LF <u>2</u> 25. RF <u>3</u> 26. LR <u>2</u> 27. RR <u>2</u></p> <p>28. BL <u>1</u> 29. Roof <u>○</u> 30. Other <u>1</u></p> <p>(0) No glazing</p> <p>(1) Fixed</p> <p>(2) Closed</p> <p>(3) Partially opened</p> <p>(4) Fully opened</p> <p>(7) Glazing removed prior to accident</p> <p>(9) Unknown</p>	
<p>Glazing Damage from Impact Forces</p> <p>31. WS <u>/</u> 32. LF <u>/</u> 33. RF <u>/</u> 34. LR <u>/</u> 35. RR <u>/</u></p> <p>36. BL <u>/</u> 37. Roof <u>○</u> 38. Other <u>/</u></p> <p>(0) No glazing</p> <p>(1) No glazing damage from impact forces</p> <p>(2) Glazing in place and cracked from impact forces</p> <p>(3) Glazing in place and holed from impact forces</p> <p>(4) Glazing out-of-place (cracked or not) and not holed from impact forces</p> <p>(5) Glazing out-of-place and holed from impact forces</p> <p>(6) Glazing disintegrated from impact forces</p> <p>(7) Glazing removed prior to accident</p> <p>(9) Unknown if damaged</p>	
<p>Glazing Damage from Occupant Contact</p> <p>39. WS <u>2</u> 40. LF <u>/</u> 41. RF <u>/</u> 42. LR <u>/</u> 43. RR <u>/</u></p> <p>44. BL <u>1</u> 45. Roof <u>○</u> 46. Other <u>/</u></p> <p>(0) No glazing</p> <p>(1) No occupant contact to glazing</p> <p>(2) Glazing contacted by occupant but no glazing damage</p> <p>(3) Glazing in place and cracked by occupant contact</p> <p>(4) Glazing in place and holed by occupant contact</p> <p>(5) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact</p> <p>(6) Glazing out-of-place by occupant contact and holed by occupant contact</p> <p>(7) Glazing removed prior to accident</p> <p>(8) Glazing disintegrated by occupant contact</p> <p>(9) Unknown if contacted by occupant</p>	

INTRUSION WORKSHEET

NOTE: SKETCH INTRUDED AREAS



LOCATION OF INTRUSION	INTRUDED COMPONENT	(All Measurements Are In Centimeters)			INTRUSION	DOMINANT CRUSH DIRECTION
		COMPARISON VALUE	-	INTRUDED VALUE	=	
		-	-	-	=	
		-	-	-	=	
		-	-	-	=	
		-	-	-	=	
		-	-	-	=	
		-	-	-	=	
		-	-	-	=	
		-	-	-	=	
		-	-	-	=	
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		-	-	-	=	
		-	-	-	=	
		-	-	-	=	
		-	-	-	=	
		-	-	-	=	
		-	-	-	=	
		-	-	-	=	

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. _____	48. _____	49. _____	50. _____
2nd	51. _____	52. _____	53. _____	54. _____
3rd	55. _____	56. _____	57. _____	58. _____
4th	59. _____	60. _____	61. _____	62. _____
5th	63. _____	64. _____	65. _____	66. _____
6th	67. _____	68. _____	69. _____	70. _____
7th	71. _____	72. _____	73. _____	74. _____
8th	75. _____	76. _____	77. _____	78. _____
9th	79. _____	80. _____	81. _____	82. _____
10th	83. _____	84. _____	85. _____	86. _____

LOCATION OF INTRUSION

Front Seat

- (11) Left
(12) Middle
(13) Right

Fourth Seat

- (41) Left
(42) Middle
(43) Right

Second Seat

- (21) Left
(22) Middle
(23) Right

(97) Catastrophic

- (98) Other enclosed area (specify)

(99) Unknown

Third Seat

- (31) Left
(32) Middle
(33) Right

INTRUDING COMPONENT*Interior Components*

- (01) Steering assembly
(02) Instrument panel left
(03) Instrument panel center
(04) Instrument panel right
(05) Toe pan
(06) A (A1/A2)-pillar
(07) B-pillar
(08) C-pillar
(09) D-pillar
(10) Side panel - forward of the A1/A2-pillar
(11) Door panel (side)
(12) Side panel - rear of the B-pillar
(13) Roof (or convertible top)
(14) Roof side rail
(15) Windshield
(16) Windshield header
(17) Window frame
(18) Floor pan (includes sill)
(19) Backlight header
(20) Front seat back
(21) Second seat back
(22) Third seat back
(23) Fourth seat back
(24) Fifth seat back
(25) Seat cushion
(26) Back door/panel (e.g., tailgate)
(27) Other interior component (specify): _____

Exterior Components

- (30) Hood
(31) Outside surface of this vehicle (specify): _____
(32) Other exterior object in the environment (specify): _____
(33) Unknown exterior object
(97) Catastrophic
(98) Intrusion of unlisted component(s) (specify): _____
(99) Unknown

MAGNITUDE OF INTRUSION

- (1) ≥ 3 centimeters but < 8 centimeters
(2) ≥ 8 centimeters but < 15 centimeters
(3) ≥ 15 centimeters but < 30 centimeters
(4) ≥ 30 centimeters but < 46 centimeters
(5) ≥ 46 centimeters but < 61 centimeters
(6) ≥ 61 centimeters
(7) Catastrophic
(9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
(2) Longitudinal
(3) Lateral
(7) Catastrophic
(9) Unknown

STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

COMPARISON VALUE	-	DAMAGE VALUE	=	DEFORMATION
------------------	---	--------------	---	-------------

26	-	23	=	3
	-		=	
	-		=	
	-		=	

STEERING COLUMN

INSTRUMENT PANEL

87. Steering Column Type 2
- Fixed column
 - Tilt column
 - Telescoping column
 - Tilt and telescoping column
 - Other column type (specify): _____
 - Unknown

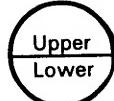
88. Tilt Steering Column Adjustment 1
- No tilt steering column
 - Full up
 - Between full up and center
 - Center
 - Between center and full down
 - Full down
 - Unknown

89. Telescoping Steering Column Adjustment 0
- No telescoping steering column
 - Full back
 - Between full back and midpoint
 - Midpoint
 - Between midpoint and full forward
 - Full forward
 - Unknown

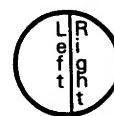
90. Steering Rim/Spoke Deformation 03
Code actual measured deformation to the nearest centimeter
- No steering rim deformation
 - Actual measured value in centimeters
 - 15 centimeters or more
 - Observed deformation cannot be measured
 - Unknown

91. Location of Steering Rim/Spoke Deformation 08
- No steering rim deformation

- Quarter Sections
- Section A
 - Section B
 - Section C
 - Section D



- Half Sections
- Upper half of rim/spoke
 - Lower half of rim/spoke
 - Left half of rim/spoke
 - Right half of rim/spoke



- Complete steering wheel collapse
- Undetermined location
- Unknown

92. Odometer Reading 0 40,000

39,4 kilometers
Code to the nearest 1,000 kilometers

- No odometer
- Less than 1,500 kilometers
- 499,500 kilometers or more
- Unknown

24,740 miles x 1.6093 = 39,8 kilometers

Source: _____

93. Instrument Panel Damage from Occupant Contact? 0
- No
 - Yes
 - Unknown

94. Type of Knee Bolster Covering 2
- No knee bolster
 - Padded
 - Rigid plastic
 - Other (specify): _____
 - Unknown

95. Knee Bolsters Deformed from Occupant Contact? 1
- No knee bolster
 - No deformation
 - Yes - deformation
 - Unknown

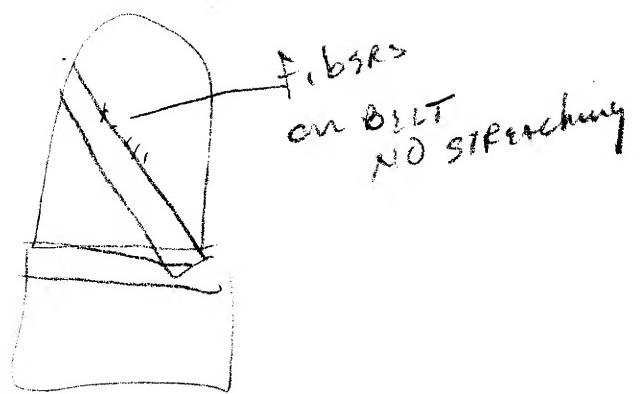
96. Did Glove Compartment Door Open During Collision(s)? 1
- No glove compartment door
 - No - door did not open
 - Yes - door opened
 - Unknown

97. Adaptive (Assistive) Driving Equipment 0
- No adaptive driving equipment
 - Adaptive driving equipment installed
(Check all that apply.)
 - Hand controls for braking/acceleration
 - Steering control devices (attached to OEM steering wheel)
 - Steering knob attached to steering wheel
 - Low effort power steering (unit or device)
 - Replacement steering wheel (i.e., reduced diameter)
 - Joy-stick steering controls
 - Wheelchair tie-downs
 - Modification to seat belts (specify): _____

[] Additional or relocated switches (specify): _____

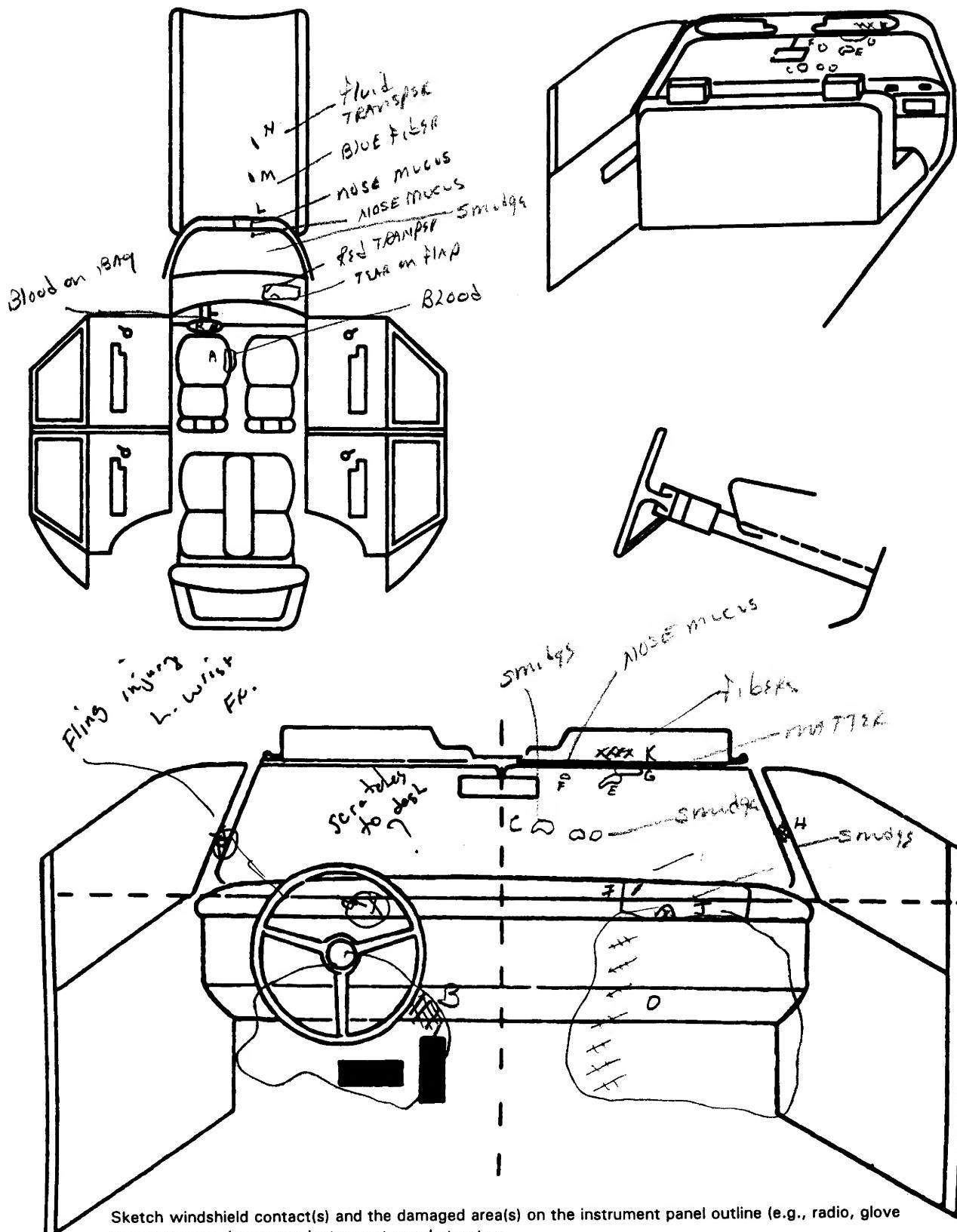
- [] Raised roof
[] Wall-mounted head rest (used behind wheelchair)
[] Other adaptive device (specify): _____

- (9) Unknown



VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	151	2	FACE ?	BLOOD deposit / 22cm x 18	1
B	170	2 ?	FACE ?	BLOOD STAIN	3
C	001	2	FACE/HAND	smudge 64cm from Right A-pillar 21cm from HEADER	1
D	001	2	FACE/HAND	smudge 54cm from Right A-pillar 25cm from HEADER	1
E	001	2	FACE/HAND	smudge 34cm from Right A-pillar 11cm from HEADER	1
F	001	2	FACE	NOSE mucus 40 cm from Right A-pillar 5 cm from HEADER	1
G	001	2	UNK	UNK MATTER 39 cm from Right A-pillar 1cm from HEADER	3
H	103	2	UNK	smudge 12cm long	3
I	185	2	Body	Red Smudge 4cm long 29 from edge	1
J	185	2	UNK	Small tear in flap 1cm long at from edge	3
K	003	2	UNK	Brown fiber	3
L	201	2	FACE	NOSE mucus	1
M	205	2	UNK	BLUE FIBER 40 cm from Side Rail 75cm from HEADER	3
N	205	UNK	UNK	Blue transparent 70cm from Side Rail 75cm from HEADER	3

FRONT 175

2 CODES FOR INTERIOR COMPONENTS

- (001) Windshield
 (002) Mirror
 (003) Sunvisor
 (004) Steering wheel rim
 (005) Steering wheel hub/spoke
 (006) Steering wheel (combination of codes 004 and 005)
 (007) Steering column/transmission selector lever, other attachment
 (008) Cellular telephone or CB radio
 (009) Add on equipment(e.g., tapedeck, air conditioner)
 (010) Left instrument panel and below
 (011) Center instrument panel and below
 (012) Right instrument panel and below
 (013) Glove compartment door
 (014) Knee bolster
 (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
 (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
 (017) Windshield reinforced by exterior object, (specify):
 (019) Other front object (specify):

- LEFT SIDE**
 (051) Left side interior surface, excluding hardware or armrests
 (052) Left side hardware or armrest
 (053) Left A (A1/A2)-pillar
 (054) Left B-pillar
 (055) Other left pillar (specify):
 (056) Left side window glass
 (057) Left side window frame
 (058) Left side window sill
 (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (060) Other left side object (specify):
- RIGHT SIDE**
 (101) Right side interior surface, excluding hardware or armrests
 (102) Right side hardware or armrest
 (103) Right A (A1/A2)-pillar
 (104) Right B-pillar
 (105) Other right pillar (specify):
 (106) Right side window glass
 (107) Right side window frame
 (108) Right side window sill
 (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (110) Other right side object (specify):

- INTERIOR**
 (151) Seat, back support
 (152) Belt restraint webbing/buckle
 (153) Belt restraint B-pillar or door frame attachment point
 (154) Other restraint system component (specify):
 (155) Head restraint system
 (160) Other occupants (specify):
 (161) Interior loose objects
 (162) Child safety seat (specify):
 (163) Other interior object (specify):
- AIR BAG**
 (170) Air bag-driver side
 (175) Air bag compartment cover-driver side
 (180) Air bag-passenger side
 (185) Air bag compartment cover-passenger side
 (190) Other air bag (specify):
 (195) Other air bag compartment cover (specify):

- ROOF**
 (201) Front header
 (202) Rear header
 (203) Roof left side rail
 (204) Roof right side rail
 (205) Roof or convertible top

- FLOOR**
 (251) Floor (including toe pan)
 (252) Floor or console mounted transmission lever, including console
 (253) Parking brake handle
 (254) Foot controls including parking brake

- REAR**
 (301) Backlight (rear window)
 (302) Backlight storage rack, door, etc.
 (303) Other rear object (specify):

- ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT**
 (401) Hand controls for braking/acceleration
 (402) Steering control devices (attached to OEM steering wheel)
 (403) Steering knob attached to steering wheel
 (405) Replacement steering wheel (i.e., reduced diameter)
 (406) Joy stick steering controls
 (407) Wheelchair tie-downs
 (408) Modification to seat belts, (specify):
 (409) Additional or relocated switches, (specify):
 (410) Raised roof
 (411) Wall mounted head rest (used behind wheel chair)
 (412) Other adaptive device (specify):

- CONFIDENCE LEVEL OF CONTACT POINT**
 (1) Certain
 (2) Probable
 (3) Possible
 (9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a child safety seat is present, encode the data on the back of this page 11.

If the vehicle has automatic restraints available, encode the appropriate data on page 6.

		Left	Center	Right
F I R S T	A-Availability	4		4
	B-Evidence of usage	4		4
	C-Used in this crash?	0		0
	D-Proper Use	0		0
	E-Failure Modes	0		0
	F-Anchorage Adjustment	2		4
S E C O N D	A-Availability	4		4
	B-Evidence of usage	4		0
	C-Used in this crash?	0		0
	D-Proper Use	0		0
	E-Failure Modes	0		0
	F-Anchorage Adjustment	1		1
O T H E R	A-Availability	4	3	4
	B-Evidence of usage	0	0	0
	C-Used in this crash?	8	0	0
	D-Proper Use	0	0	0
	E-Failure Modes	0	0	0
	F-Anchorage Adjustment	1	0	1

A-Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify): _____

(9) Unknown

B/C-Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify): _____
- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown
- (08) Other belt used (specify): _____
- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat - type unknown
- (18) Other belt used with child safety seat (specify): _____
- (99) Unknown if belt used

D-Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____
- (8) Other improper use of manual belt system (specify): _____

E-Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other manual belt failure (specify): _____
- (9) Unknown

F-Shoulder Belt Upper Anchorage Adjustment

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

		Frontal Air Bags--Left Front	Frontal Air Bags-Right Front	OtherAir Bag
F	Availability/Function	/	/	X
I	Deployment	/	/	X
R	Failure	/	/	X

Air Bag System Availability/Function

- (0) Not equipped/not available
- (1) Air bag

- Non-functional*
- (2) Air bag disconnected (specify): _____
- (3) Air bag not reinstalled
- (9) Unknown

**Air Bag System Deployment
(This Occupant Position)**

- (0) Not equipped/not available
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, accident sequence undetermined
- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (5) Unknown if deployed
- (7) Nondeployed
- (9) Unknown

Are There Indications of Air Bag System Failure? (This Occupant Position)

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____
- (9) Unknown

AUTOMATIC BELTS

		Left	Right
F	A-Availability/Function	X	X
I	B-Use	X	X
R	C-Type	X	X
S	D-Proper Use	X	X
T	E-Failure Modes	X	X

A-Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

B-Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative)
- (3) Automatic belt use unknown
- (9) Unknown

C-Automatic (Passive) Belt System Type

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

D-Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____

E-Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other automatic belt failure (specify): _____
- (9) Unknown

FIRST SEAT FRONTAL AIR BAGS

NOTES: Encode the applicable data *for the driver and first seat passenger* in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

	Driver	Passenger
A-Type of air bag?	1	1
B-Flaps open at tear points?	2	2
C-Flaps damaged?	1	1
D-Air bag damaged?	1	1
E-Source of air bag damage	01	01
F-Air bag tethered?	1	2
G-Air bag have vent ports?	2	1
H-Other occupant contact air bag?	1	1
I-Occupant wearing eyewear?	1	1

A-Type of Air Bag

- (0) Not equipped/not available
- (1) Original manufacturer installed system
- (2) Retrofitted air bag
- (3) Replacement air bag
- (8) Unknown type of air bag
- (9) Unknown

B-Did Air Bag Module Cover Flap(s) Open At Designated Tear Points?

- (0) Not equipped/not available
- (1) No
- (2) Yes
- (3) Deployed, unknown if flap(s) opened at designated tear points
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

C-Were Air Bag Module Cover Flap(s) Damaged?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if air bag module cover flap(s) damaged
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

D-Was There Damage To The Air Bag?

- (00) Not equipped/not available
- (01) Not damaged
- Yes - Air Bag Damage
- (02) Ruptured
- (03) Cut
- (04) Torn
- (05) Holed
- (06) Burned
- (07) Abraded
- (88) Other damage (specify):
- (95) Damaged, details unknown
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

E-Source of Air Bag Damage

- (00) Not equipped/not available
- (01) Not damaged
- (02) Object worn by occupant, (specify):
- (03) Object carried by occupant, (specify):
- (04) Adaptive/assistive controls, (specify):
- (05) Fire in vehicle
- (06) Thermal burns
- (07) Rescue or emergency efforts
- (88) Other damage source (specify):
- (95) Damaged, unknown source
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

F-Was The Air Bag Tethered?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of tether straps):
- (3) Deployed, unknown if tethered
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

G-Did The Air Bag Have Vent Ports?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of vent ports):
- (3) Deployed, unknown if vent ports present
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

H-Was the Air Bag in this Occupant's Position Contacted by Another Occupant?

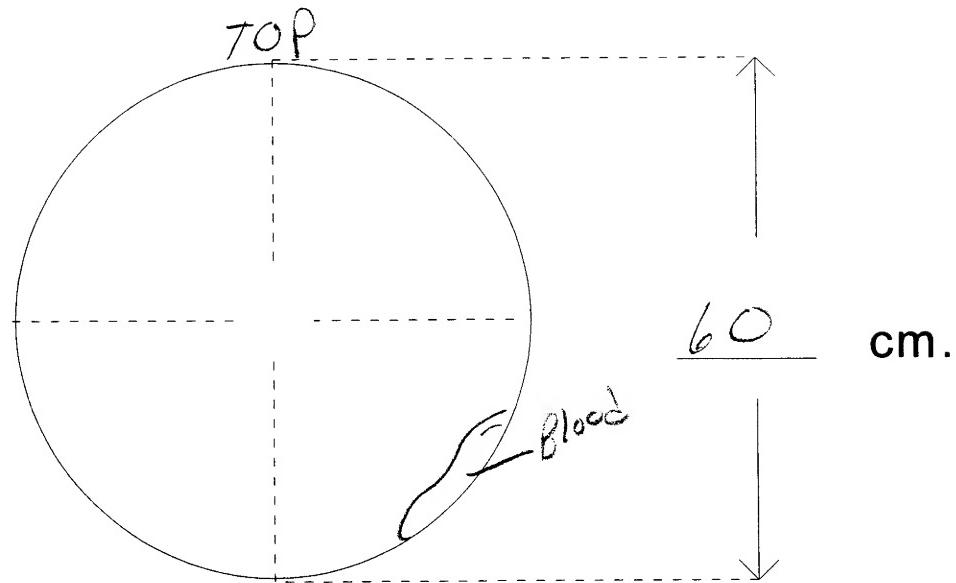
- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if other occupant contact to air bag
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

I-Was This Occupant Wearing Eye-wear?

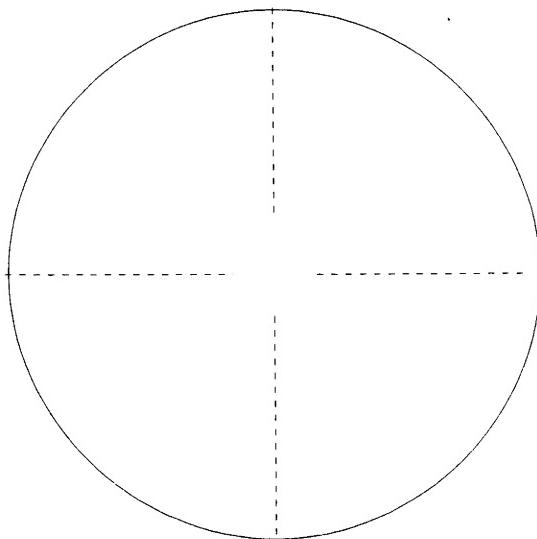
- (0) Not equipped/not available
- (1) No
- (2) Eyeglasses/sunglasses
- (3) Contact lenses
- (4) Deployed, unknown if eyewear worn
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

DRIVER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Front)



2. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Back)

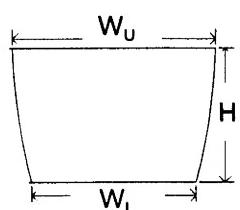


DRIVER AIR BAG SKETCHES (Cont'd)

**3. DRIVER AIR BAG MODULE COVER FLAP SIZE
(SINGLE)**

width (W_U) _____ width (W_L) _____

height (H) _____



**4. DRIVER AIR BAG MODULE COVER FLAP SIZE
(DOUBLE)**

a. Upper Flap

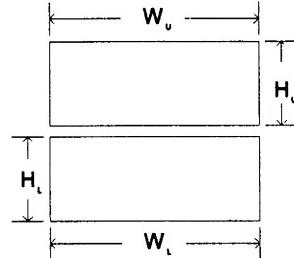
width (W_U) 18

height (H_U) 7

b. Lower Flap

width (W_L) 18

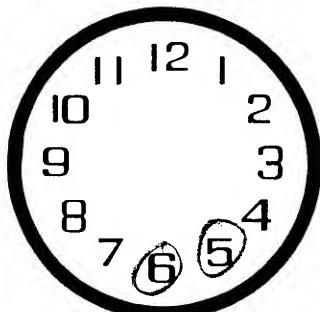
height (H_L) 7



**5. SKETCH OF OTHER TYPE OF AIR BAG MODULE
FLAP AND SIZE**

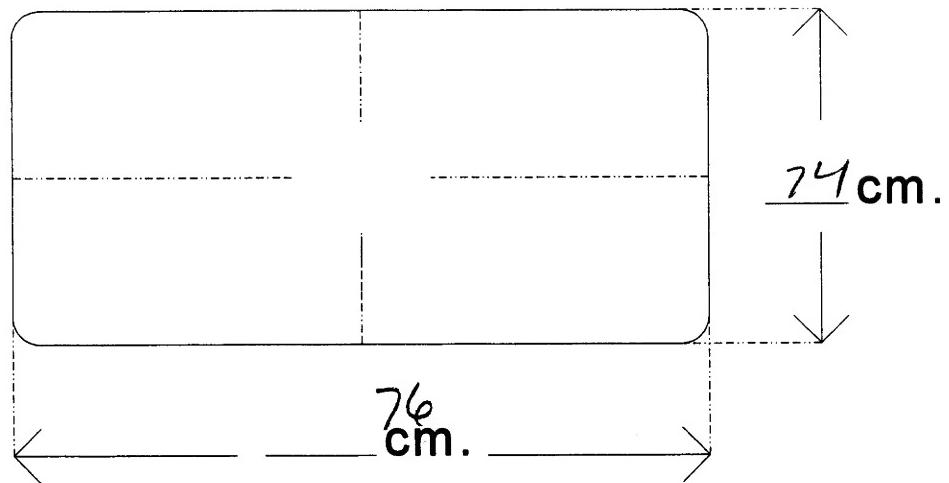
**6. SKETCH OF OTHER TYPE OF AIR BAG VENT
PORTS**

**7. SKETCH LOCATION OF CIRCULAR AIR BAG VENT
PORTS**

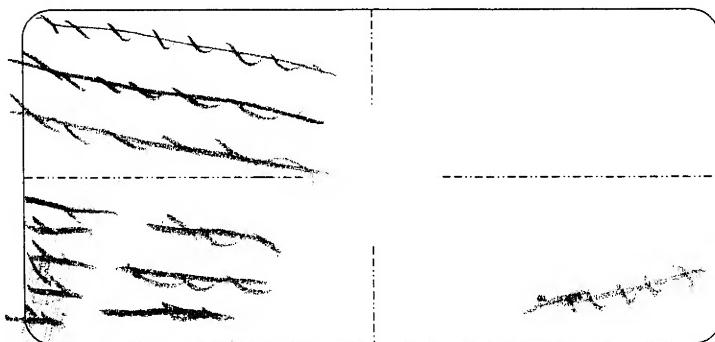


PASSENGER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Front)



2. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Back)



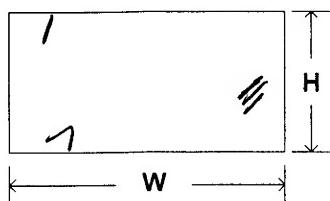
Red
cloth
transfer

PASSENGER AIR BAG SKETCHES (Cont'd)

3. PASSENGER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

width (W) 15

height (H) 32



4. PASSENGER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

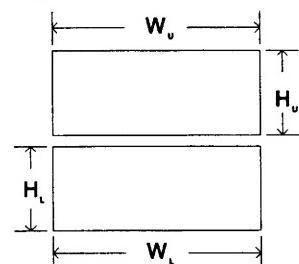
a. Upper Flap

width (W_u) _____

height (H_u) _____

b. Lower Flap

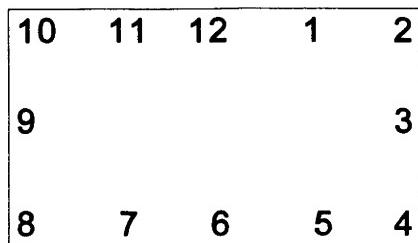
width (W_l) _____



5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

7. SKETCH LOCATION OF RECTANGULAR AIR BAG VENT PORTS



"OTHER" AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Front)

2. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Back)

"OTHER" AIR BAG SKETCHES (Cont'd)

3. SKETCH AIR BAG MODULE FLAP AND SIZE OR OPENING FOR AIRBAG

4. SKETCH AIR BAG VENT PORTS

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found on the next page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
F I R S T	A-Head Restraint Type/Damage	1		1
	B-Seat Type	01		01
	C-Seat Orientation	1		1
	D-Seat Track Position	2		3
	E-Seat Back Incline Pre/Post Impact	14		23
	F-Seat Performance	1		1
S E C O N D	A-Head Restraint Type/Damage	0	0	
	B-Seat Type	03	03	
	C-Seat Orientation	1	1	
	D-Seat Track Position	01	01	
	E-Seat Back Incline Pre/Post Impact	1	1	
	F-Seat Performance	1	1	
T H I R D	A-Head Restraint Type/Damage	0	0	0
	B-Seat Type	03	03	03
	C-Seat Orientation	1	1	1
	D-Seat Track Position	1	1	1
	E-Seat Back Incline Pre/Post Impact	1	1	1
	F-Seat Performance	1	1	1
O T H E R	A-Head Restraint Type/Damage			
	B-Seat Type			
	C-Seat Orientation			
	D-Seat Track Position			
	E-Seat Back Incline Pre/Post Impact			
	F-Seat Performance			

**DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE
(I.E., UNUSUAL OCCUPANT CONTACT PATTERN)**

HEAD RESTRAINTS/SEAT EVALUATION

A-Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other
Specify): _____
- (9) Unknown

B-Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Box mounted seat (i.e., van type)
- (10) Other seat type (specify): _____
- (99) Unknown

C-Seat Orientation (this Occupant Position)

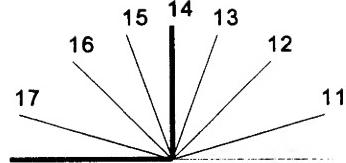
- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____
- (9) Unknown

D-Seat Track Adjusted Position Prior To Impact

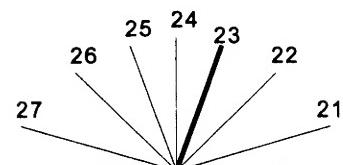
- (0) Occupant not seated or no seat
- (1) Non-adjustable seat track
- Adjustable Seat Track*
- (2) Seat at forward most track position
- (3) Seat between forward most and middle track positions
- (4) Seat at middle track position
- (5) Seat between middle and rear most track positions
- (6) Seat at rear most track position
- (9) Unknown

E-Seat Back Incline Prior and Post Impact

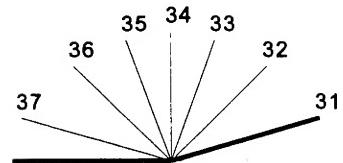
- (00) Occupant not seated or no seat
- (01) Not adjustable
- Upright prior to impact*
- (11) Moved to completely rearward position
- (12) Moved to rearward midrange position
- (13) Moved to slightly rearward position
- (14) Retained pre-impact position
- (15) Moved to slightly forward position
- (16) Moved to forward midrange position
- (17) Moved to completely forward position



- Slightly reclined prior to impact*
- (21) Moved to completely rearward position
- (22) Moved to rearward midrange position
- (23) Retained pre-impact position
- (24) Moved to upright position
- (25) Moved to slightly forward position
- (26) Moved to forward midrange position
- (27) Moved to completely forward position



- Completely reclined prior to impact*
- (31) Retained pre-impact position
- (32) Moved to rearward midrange position
- (33) Moved to slightly rearward position
- (34) Moved to upright position
- (35) Moved to slightly forward position
- (36) Moved to forward midrange position
- (37) Moved to completely forward position
- (99) Unknown



Coding diagrams for *Seat Back Incline Position Prior and Post Impact*

F-Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): _____
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

DESCRIBE ANY INDICATION OF**ABNORMAL OCCUPANT POSTURE**

(I.E., UNUSUAL OCCUPANT

CONTACT PATTERN)

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number						
1. Type of Child Safety Seat						
2. Child Safety Seat Orientation						
3. Child Safety Seat Harness Usage						
4. Child Safety Seat Shield Usage						
5. Child Safety Seat Tether Usage						
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat					

1. Type of Child Safety Seat

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify):

(8) Unknown child safety seat type
(9) Unknown if child safety seat used

2. Child Safety Seat Orientation

- (00) No child safety seat
- Designed for Rear Facing for This Age/Weight
- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify):

(09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage

- 4. Child Safety Seat Shield Usage
- 5. Child Safety Seat Tether Usage
Note: Options Below Are Used for Variables 3-5.
- (00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

6. Child Safety Seat Make/Model

(Specify make/model and occupant number)

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No [] Yes []

Describe indications of ejection and body parts involved in partial ejection(s):

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

Ejection (1) Complete ejection (2) Partial ejection (3) Ejection, Unknown degree (9) Unknown	Ejection Area (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear	(7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): <hr/> (9) Unknown	Ejection Medium (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify): <hr/>	Medium Status (Immediately Prior to Impact) (1) Open (2) Closed (3) Integral structure (9) Unknown
---	--	--	---	---

ENTRAPMENT No [] Yes []

Describe entrapment mechanism:

Component(s):

(Note on vehicle interior sketch)

OCCUPANT ASSESSMENT FORM

OCCUPANT'S SEATING

1. Primary Sampling Unit Number 74

2. Case Number - Stratum 1955

3. Vehicle Number 01

4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 49

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex 2

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height 999

Code actual height to the nearest centimeter.

(999) Unknown

 inches X 2.54 = 999 centimeters

8. Occupant's Weight 999

Code actual weight to the nearest kilogram.

(999) Unknown

 pounds X .4536 = 999 kilograms

9. Occupant's Role 1

(1) Driver

(2) Passenger

(9) Unknown

10. Occupant's Seat Position 11

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify): _____

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify): _____

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify): _____

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify): _____

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify): _____

(99) Unknown

11. Occupant's Posture 0

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front of seat

(8) Other abnormal posture (specify): _____

(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

- (5) Integral structure
- (8) Other medium (specify):

- (9) Unknown

15. Medium Status (Immediately Prior To Impact)

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

17. Occupant Mobility

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons
(specify): _____
- (9) Unknown

BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability

- (0) None available
 (1) Belt removed/destroyed
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
 (7) Lap belt (shoulder belt destroyed/removed)
 (8) Other belt (specify): _____

(9) Unknown _____

19. Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
 (01) Inoperative (specify): _____

- (02) Shoulder belt
 (03) Lap belt
 (04) Lap and shoulder belt
 (05) Belt used—type unknown
 (08) Other belt used (specify): _____

- (12) Shoulder belt used with child safety seat
 (13) Lap belt used with child safety seat
 (14) Lap and shoulder belt used with child safety seat
 (15) Belt used with child safety seat—type unknown
 (18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used _____

20. Proper Use of Manual (Active) Belts

- (0) None used or not available
 (1) Belt used properly
 (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
 (4) Shoulder belt worn behind back or seat
 (5) Belt worn around more than one person
 (6) Lap belt worn on abdomen
 (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____
 (8) Other improper use of manual belt system (specify): _____
 (9) Unknown _____

21. Manual (Active) Belt Failure Modes

During Accident

- (0) No manual belt used or not available
 (1) No manual belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify): _____
 (6) Broken retractor
 (7) Combination of above (specify): _____
 (8) Other manual belt failure (specify): _____
 (9) Unknown _____

4

22. Manual Shoulder Belt Upper Anchorage Adjustment

- (0) No manual shoulder belt
 (1) No upper anchorage adjustment for manual shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
 (3) In mid position
 (4) In full down position
 (5) Position unknown
 (9) Unknown if position has adjustable upper anchorage adjustment

2

23. Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available
 (1) 2 point automatic belts
 (2) 3 point automatic belts
 (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
 (9) Unknown _____

24. Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Automatic belt in use
 (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____
 (3) Automatic belt use unknown
 (9) Unknown _____

0

25. Automatic (Passive) Belt System Type

- (0) Not equipped/not available
 (1) Non-motorized system
 (2) Motorized system
 (9) Unknown _____

0

26. Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
 (1) Automatic belt used properly
 (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
 (4) Automatic shoulder belt worn behind back
 (5) Automatic belt worn around more than one person
 (6) Lap portion of automatic belt worn on abdomen
 (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____

0

- (8) Other improper use of automatic belt system (specify): _____
 (9) Unknown _____

0

27. Automatic (Passive) Belt Failure Modes

During Accident

- (0) Not equipped/not available/not in use
 (1) No automatic belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify): _____
 (6) Broken retractor
 (7) Combination of above (specify): _____
 (8) Other automatic belt failure (specify): _____
 (9) Unknown _____

0

POLICE REPORTED RESTRAINT USE	AIR BAG SYSTEM FUNCTION
<p>28. Police Reported Belt Use</p> <p>(0) None used (1) Police did not indicate belt use (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt used, type not specified (6) Child safety seat (7) Automatic belt (8) Other type belt, (specify): _____ (9) Police indicated "unknown"</p>	<p>30. Frontal Air Bag System Availability/Function (This Occupant Position)</p> <p>(0) Not equipped/not available (1) Air bag</p> <p><i>Non-functional</i></p> <p>(2) Air bag disconnected (specify): _____ (3) Air bag not reinstalled (9) Unknown</p>
<p>29. Police Reported Air Bag Availability/Function</p> <p>(0) No air bag available (1) Police did not indicate air bag availability/function (2) Deployed (3) Not deployed (4) Unknown if deployed (9) Police indicated "unknown"</p>	<p>31. Frontal Air Bag System Deployment (This Occupant Position)</p> <p>(0) Not equipped/not available (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown</p>
<p>Check the Primary Source Used In Determining Belt Use.</p> <p>[<input checked="" type="checkbox"/>] Vehicle inspection [<input type="checkbox"/>] Official injury data [<input type="checkbox"/>] Driver/occupant interview [<input type="checkbox"/>] Other (specify): _____ [<input type="checkbox"/>] Unknown if belt used</p>	<p>32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position)</p> <p>(0) Not equipped/not available (1) Air bag</p> <p><i>Non-functional</i></p> <p>(2) Air bag disconnected (specify): _____ (3) Air bag not reinstalled (9) Unknown</p> <p>Specify type of "other" air bag present:</p>
	<p>33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position)</p> <p>(0) Not equipped with an "other" air bag (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown</p>
	<p>34. Are There Indications of Air Bag System Failure? (This Occupant Position)</p> <p>(0) Not equipped/not available (1) No (2) Yes (specify): _____ (9) Unknown</p>

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)?

- (0) Not equipped/not available
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

36. Type of Air Bag

- (0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

37. Had Any Prior Maintenance/Service

Been Performed On This Air Bag System?

- (0) Not equipped/not available
(1) No prior maintenance
(2) Yes, prior maintenance (specify):

(9) Unknown

38. Air Bag Deployment Accident Event

Sequence Number

- (00) Not equipped/not available

Code the accident event sequence number that initiated the air bag deployment
(96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact

- (0) Not equipped/not available
(1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify):

(6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

40. Longitudinal Component of

Delta V For Air Bag

Deployment Impact

(_000) Not equipped/not available

Code the value of the delta V for the impact that initiated the air bag deployment

- (_996) Deployment, unknown longitudinal Delta V
(_997) Not deployed
(_998) Unknown if deployed
(_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points?

- (0) Not equipped/not available
(1) No
(2) Yes
(3) Deployed, unknown if flap(s) opened at designated tear points
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged?

- (0) Not equipped/not available
(1) No
(2) Yes (specify):
(3) Deployed, unknown if air bag module cover flap(s) damaged
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

43. Was There Damage To The Air Bag?

- (00) Not equipped/not available
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
(03) Cut
(04) Torn
(05) Holed
(06) Burned
(07) Abraded
(88) Other damage (specify):

- (95) Damaged, details unknown
(96) Deployed, unknown if damaged
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION *continued***

44. Source of Air Bag Damage 01
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):
(03) Object carried by occupant, (specify):
(04) Adaptive/assistive controls, (specify):
(05) Fire in vehicle
(06) Thermal burns
(07) Rescue or emergency efforts
(08) Other damage source (specify):
(09) Damaged, unknown source
(10) Deployed, unknown if damaged
(11) Not deployed
(12) Unknown if deployed
(13) Unknown
45. Was The Air Bag Tethered? 1
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):
(3) Deployed, unknown if tethered
(4) Not deployed
(5) Unknown if deployed
(6) Unknown
46. Did The Air Bag Have Vent Ports? 2
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):
(3) Deployed, unknown if vent ports present
(4) Not deployed
(5) Unknown if deployed
(6) Unknown
47. Was the Air Bag in this Occupant's Position
Contacted by Another Occupant? 1
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):
(3) Deployed, unknown if other occupant contact
to air bag
(4) Not deployed
(5) Unknown if deployed
(6) Unknown
48. Was This Occupant Wearing Eye-wear? 4
 (0) Not air bag equipped/air bag not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION

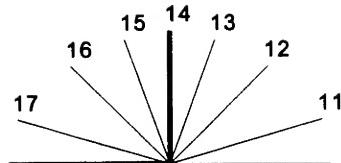
49. Head Restraint Type/Damage by Occupant
at This Occupant Position 1
 (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):
(9) Unknown
50. Seat Type (this Occupant Position) 09
10
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):
(99) Unknown
51. Seat Orientation (this Occupant Position) 1
2
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
(9) Unknown
52. Seat Track Adjusted Position Prior To Impact 3
4
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
Adjustable Seat Track
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact 14

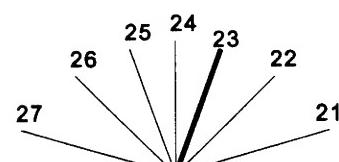
- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

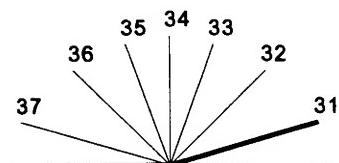
- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

***Slightly reclined prior to impact***

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

***Completely reclined prior to impact***

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position
 (99) Unknown

54. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed
 (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment
 intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT

55. Child Safety Seat Make/Model

(000) No child safety seat

Applicable codes are found in your NASS CDS

Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This**Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage

59. Child Safety Seat Shield Usage

60. Child Safety Seat Tether Usage

 Note: Options below applicable to
Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES**61. Injury Severity (Police Rating)**

- (0) O - No injury
 (1) C - Possible injury
 (2) B - Nonincapacitating injury
 (3) A - Incapacitating injury
 (4) K - Killed
 (5) U - Injury, severity unknown
 (6) Died prior to accident
 (9) Unknown

62. Treatment - Mortality

- (0) No treatment
 (1) Fatal
 (2) Fatal - ruled disease (specify): _____

Nonfatal

- (3) Hospitalization
 (4) Transported and released
 (5) Treatment at scene - nontransported
 (6) Treatment later
 (7) Treatment - other (specify): _____
 (8) Transported to a medical facility-unknown if treated
 (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 5

- (0) Not treated at a medical facility
 (1) Trauma center
 (2) Hospital
 (3) Medical clinic
 (4) Physician's office
 (5) Treatment later at medical facility
 (8) Other (specify): _____
 (9) Unknown

64. Hospital Stay

- (00) Not Hospitalized
 _____ Code the number of days (up through 60) that the occupant stayed in hospital.
 (61) 61 days or more
 (99) Unknown

65. Working Days Lost

- _____ Code the number of days (up through 60) that the occupant lost from work due to the accident
 (00) No working days lost
 (61) 61 days or more
 (62) Fatally injured
 (97) Not working prior to accident
 (99) Unknown

EMERGENCY RESPONSE INFORMATION**EMS Notification**

- (1) Not notified
 (2) Notified
 (9) Unknown

ROAD VEHICLE

AIR VEHICLE

EMS Notification Time (first unit)
(9999) Unknown

ROAD VEHICLE

AIR VEHICLE

EMS Arrival Time (first unit)
(9998) EMS cancelled or did not arrive
(9999) Unknown

ROAD VEHICLE

AIR VEHICLE

EMS Departure Time To Treatment Facility (transporting unit)
(9997) EMS arrived, provided treatment, but did not transport
(9998) EMS arrived, but was not used
(9999) Unknown

ROAD VEHICLE

AIR VEHICLE

EMS Arrival Time At Treatment Facility
(9999) Unknown

ROAD VEHICLE

AIR VEHICLE

EMS Type

- | | | |
|-------------------------------|---------------------|--------------------------|
| (01) Fire department | <u>FIRST UNIT</u> | <u>TRANSPORTING UNIT</u> |
| (02) Rescue squad | _____ | |
| (03) Police department | <u>ROAD VEHICLE</u> | _____ |
| (04) Trauma unit | _____ | |
| (05) Disaster unit | _____ | |
| (06) Ambulance service unit | <u>AIR VEHICLE</u> | _____ |
| (07) Hospital | _____ | |
| (08) Mortuaries/funeral homes | _____ | |
| (98) Other, specify: _____ | _____ | |
| (99) Unknown | _____ | |

EMS Care

- | | | |
|--|---------------------|-------------------------|
| (01) No care administered | <u>ON-SCENE</u> | <u>DURING TRANSPORT</u> |
| (02) First aid | _____ | |
| (03) Resuscitation | <u>ROAD VEHICLE</u> | _____ |
| (04) CPR | _____ | |
| (05) Emergency cardiac care | <u>AIR VEHICLE</u> | _____ |
| (06) Life support system monitoring (blood pressure, pulse rate, respiration, EKG) | _____ | |
| (07) Emergency burn care | _____ | |
| (08) Combination of above, specify: _____ | _____ | |
| (98) Other, specify: _____ | _____ | |
| (99) Unknown | _____ | |

STOP WORK HERE VARIABLES 66-74 TO BE CODED BY THE ZONE CENTER

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****TRAUMA DATA**

66. Time to Death

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

00

(00) Not fatal

(96) Fatal - ruled disease

(99) Unknown

67. 1st Medically Reported Cause of Death

00

68. 2nd Medically Reported Cause of Death

00

69. 3rd Medically Reported Cause of Death

00

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

(00) Not fatal or no additional causes

(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant

Code the actual number of injuries recorded for this occupant.

(00) No recorded injuries

(97) Injured, details unknown

(99) Unknown if injured

01

71. Glasgow Coma Scale (GCS) Score (at Medical Facility)

02

- (00) Not injured
- (01) Injured - not treated at medical facility
- (02) No GCS Score at medical facility
- (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
- (97) Injured, details unknown
- (99) Unknown if injured

72. Was the Occupant Given Blood?

1

- (1) No - blood not given
- (2) Yes - blood given
(specify units): _____
- (9) Unknown if blood given

73. Arterial Blood Gases (ABG) – HCO₃01

- (00) Not injured
- (01) Injured, ABGs not measured or reported
- (02-50) Code the actual value of the HCO₃
- (96) ABGs reported , HCO₃ unknown
- (97) Injured, details unknown
- (99) Unknown if injured

BELT USE DETERMINATION

74. Primary Source of Belt Use Determination

1

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Vehicle inspection
- (2) Official injury data
- (3) Driver/occupant interview
- (8) Other (specify): _____
- (9) Unknown if belt used



U.S. Department of Transportation
National Highway Traffic Safety
Administration

Form Approved
O.M.B. No. 2127-0021

OCCUPANT INJURY FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	<u>74</u>	3. Vehicle Number	<u>01</u>
2. Case Number - Stratum	<u>1951</u>	4. Occupant Number	<u>01</u>

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

A.I.S. - 90										Injury Source	Occupant Area
Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source Confidence Level	Direct/Indirect Injury	Intrusion Number		
1st	5. <u>3</u>	6. <u>7</u>	7. <u>5</u>	8. <u>28</u>	9. <u>02</u>	10. <u>2</u>	11. <u>2</u>	12. <u>053</u>	13. <u>2</u>	14. <u>1</u>	15. <u>00</u>
2nd	16. <u> </u>	17. <u> </u>	18. <u> </u>	19. <u> </u>	20. <u> </u>	21. <u> </u>	22. <u> </u>	23. <u> </u>	24. <u> </u>	25. <u> </u>	26. <u> </u>
3rd	27. <u> </u>	28. <u> </u>	29. <u> </u>	30. <u> </u>	31. <u> </u>	32. <u> </u>	33. <u> </u>	34. <u> </u>	35. <u> </u>	36. <u> </u>	37. <u> </u>
4th	38. <u> </u>	39. <u> </u>	40. <u> </u>	41. <u> </u>	42. <u> </u>	43. <u> </u>	44. <u> </u>	45. <u> </u>	46. <u> </u>	47. <u> </u>	48. <u> </u>
5th	49. <u> </u>	50. <u> </u>	51. <u> </u>	52. <u> </u>	53. <u> </u>	54. <u> </u>	55. <u> </u>	56. <u> </u>	57. <u> </u>	58. <u> </u>	59. <u> </u>
6th	60. <u> </u>	61. <u> </u>	62. <u> </u>	63. <u> </u>	64. <u> </u>	65. <u> </u>	66. <u> </u>	67. <u> </u>	68. <u> </u>	69. <u> </u>	70. <u> </u>
7th	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>	79. <u> </u>	80. <u> </u>	81. <u> </u>
8th	82. <u> </u>	83. <u> </u>	84. <u> </u>	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>
9th	93. <u> </u>	94. <u> </u>	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>
10th	104. <u> </u>	105. <u> </u>	106. <u> </u>	107. <u> </u>	108. <u> </u>	109. <u> </u>	110. <u> </u>	111. <u> </u>	112. <u> </u>	113. <u> </u>	114. <u> </u>

OCCUPANT INJURY DATA

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head (2) Face (3) Neck (4) Thorax (5) Abdomen (6) Spine (7) Upper Extremity (8) Lower Extremity (9) Unspecified	<u>Vessels, Nerves, Organs,</u> <u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02. The exceptions to this rule apply to:	Specific injuries are assigned consecutive two-digit numbers beginning with 02. To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(1) Right (2) Left (3) Bilateral (4) Central (5) Anterior (6) Posterior (7) Superior (8) Inferior (9) Unknown (0) Whole region
Type of Anatomic Structure	<u>Whole Area</u> (02) Skin - Abrasion (04) Skin - Contusion (06) Skin - Laceration (08) Skin - Avulsion (10) Amputation (20) Burn (30) Crush (40) Degloving (50) Injury - NFS (90) Trauma, other than mechanical	<u>Abbreviated Injury Scale</u> (1) Minor Injury (2) Moderate Injury (3) Serious Injury (4) Severe Injury (5) Critical Injury (6) Maximum (untreatable) (7) Injured, unknown severity	
	<u>Head - LOC</u> (02) Length of LOC (04) Level (06) of (08) Consciousness (10) Concussion		
	<u>Spine</u> (02) Cervical (04) Thoracic (06) Lumbar		
SOURCE OF INJURY DATA	INJURY SOURCE CONFIDENCE LEVEL	DIRECT/INDIRECT INJURY	
<u>OFFICIAL RECORDS</u> (1) Autopsy records with or without hospital/medical records (2) Hospital/medical records other than emergency room (e.g., discharge summary) (3) Emergency room records only (including associated X-rays or other lab reports) (4) Private physician, walk-in or emergency clinic	(1) Certain (2) Probable (3) Possible (9) Unknown	(1) Direct contact injury (2) Indirect contact injury (3) Noncontact injury (7) Injured, unknown source	
<u>UNOFFICIAL RECORDS</u> (5) Lay coroner report (6) E.M.S. personnel (7) Interviewee (8) Other source (specify): (9) Police			

INJURY SOURCES

FRONT	(102) Right side hardware or armrest (103) Right A (A1/A2)-pillar (104) Right B-pillar (105) Other right pillar (specify): _____	(183) Air bag-passenger side and object held (184) Air bag-passenger side and object in mouth (185) Air bag compartment cover-passenger side (186) Air bag compartment cover-passenger side and eyewear (187) Air bag compartment cover-passenger side and jewelry (188) Air bag compartment cover-passenger side and object held (189) Air bag compartment cover-passenger side and object in mouth (190) Other air bag (specify)	(411) Wall mounted head rest (used behind wheel chair) (412) Other adaptive device (specify): _____
INTERIOR	(151) Seat, back support (152) Belt restraint webbing/buckle (153) Belt restraint B-pillar or door frame attachment point (154) Other restraint system component (specify): _____	(195) Other air bag compartment cover (specify)	EXTERIOR of OCCUPANT'S VEHICLE (451) Hood (452) Outside hardware (e.g., outside mirror, antenna) (453) Other exterior surface or tires (specify): _____
ROOF	(155) Head restraint system (160) Other occupants (specify): _____	(201) Front header (202) Rear header (203) Roof left side rail (204) Roof right side rail (205) Roof or convertible top	(454) Unknown exterior objects EXTERIOR OF OTHER MOTOR VEHICLE (501) Front bumper (502) Hood edge (503) Other front of vehicle (specify): _____
FLOOR	(161) Interior loose objects (162) Child safety seat (specify): _____	(251) Floor (including toe pan) (252) Floor or console mounted transmission lever, including console (253) Parking brake handle (254) Foot controls including parking brake	(504) Hood (505) Hood ornament (506) Windshield, roof rail, A-pillar (507) Side surface (508) Side mirrors (509) Other side protrusions (specify): _____
AIR BAG	(163) Other interior object (specify): _____	(255) Rear surface (256) Undercarriage (257) Tires and wheels (258) Other exterior of other motor vehicle (specify): _____	(510) Rear surface (511) Undercarriage (512) Tires and wheels (513) Other exterior of other motor vehicle (specify): _____
LEFT SIDE	(170) Air bag-driver side (171) Air bag-driver side and eyewear (172) Air bag-driver side and jewelry (173) Air bag-driver side and object held (174) Air bag-driver side and object in mouth (175) Air bag compartment cover-driver side (176) Air bag compartment cover-driver side and eyewear (177) Air bag compartment cover-driver side and jewelry (178) Air bag compartment cover-driver side and object held (179) Air bag compartment cover-driver side and object in mouth (180) Air bag-passenger side (181) Air bag-passenger side and eyewear (182) Air bag-passenger side and jewelry	(301) Backlight (rear window) (302) Backlight storage rack, door, etc. (303) Other rear object (specify): _____	OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT (551) Ground (598) Other vehicle or object (specify): _____
RIGHT SIDE	(101) Right side interior surface, excluding hardware or armrests _____	ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT (401) Hand controls for braking/acceleration (402) Steering control devices (attached to OEM steering wheel) (403) Steering knob attached to steering wheel (405) Replacement steering wheel (i.e., reduced diameter) (406) Joy stick steering controls (407) Wheelchair tie-downs (408) Modification to seat belts, (specify): (409) Additional or relocated switches, (specify): (410) Raised roof	(599) Unknown vehicle or object NONCONTACT INJURY (601) Fire in vehicle (602) Flying glass (603) Other noncontact injury source (specify): _____

OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

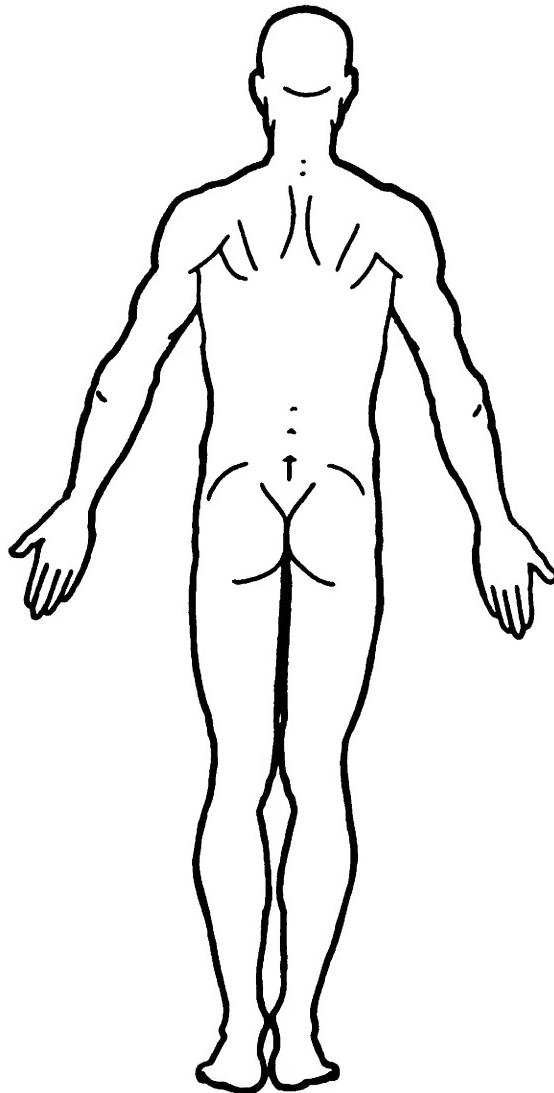
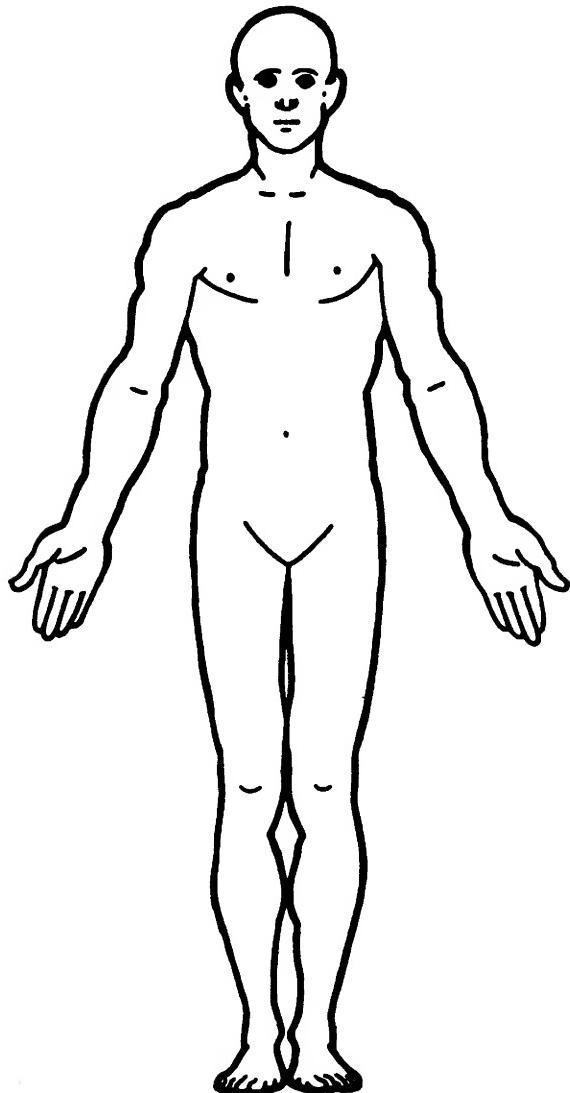
Restrained?

 No YesBlood Alcohol Level
(mg/dl)BAL = 7Glasgow Coma
Scale ScoreGCSS = 15Units of Blood
GivenUnits = 0

Arterial Blood Gases

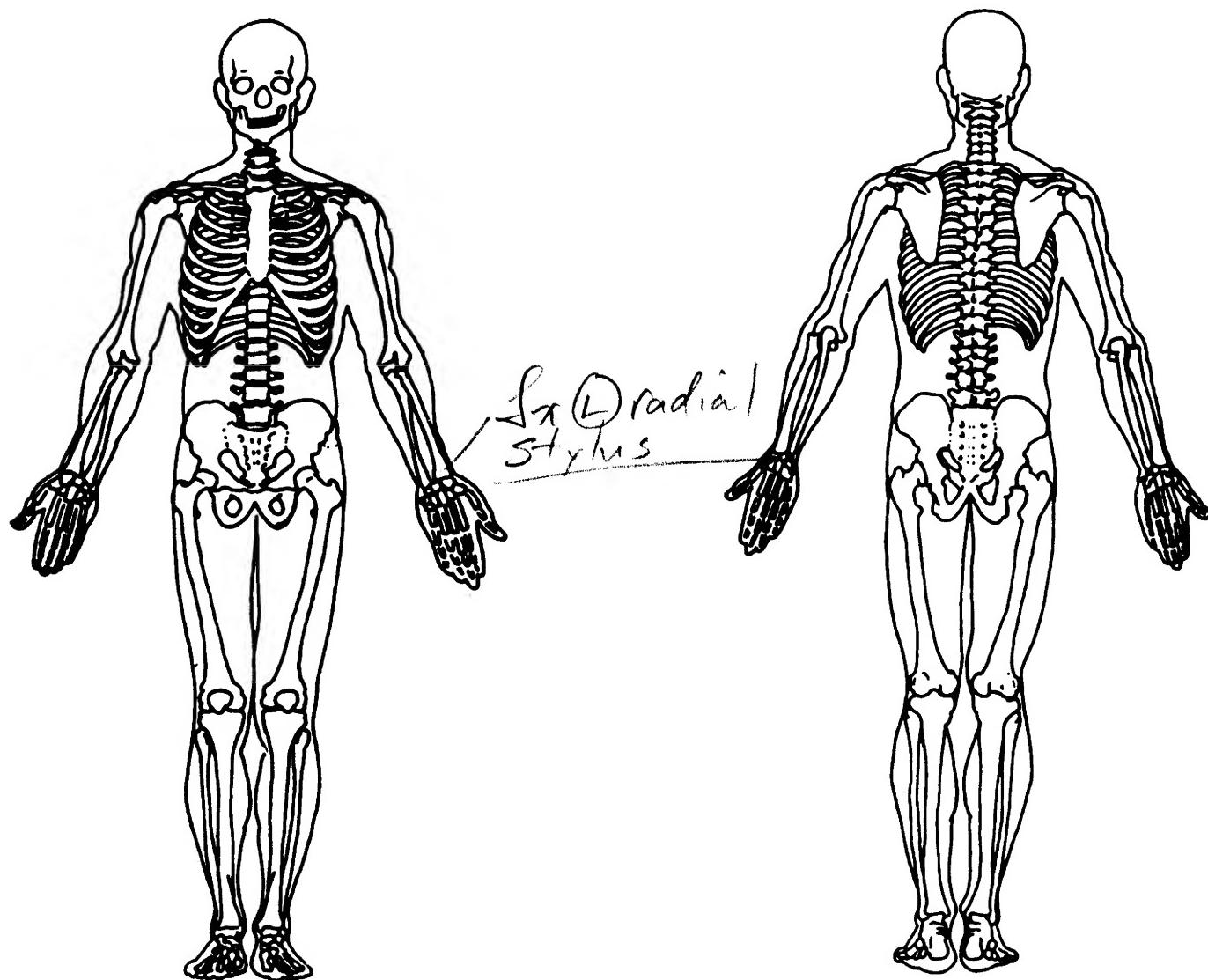
pH = 7.4PO₂ = 47PCO₂ = 35HCO₃ = 24

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



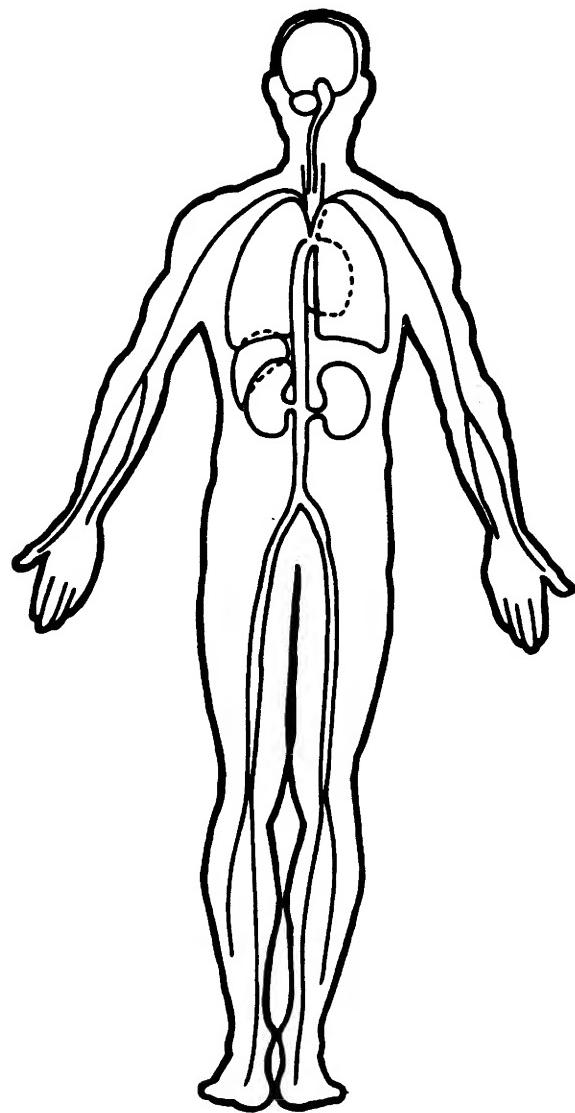
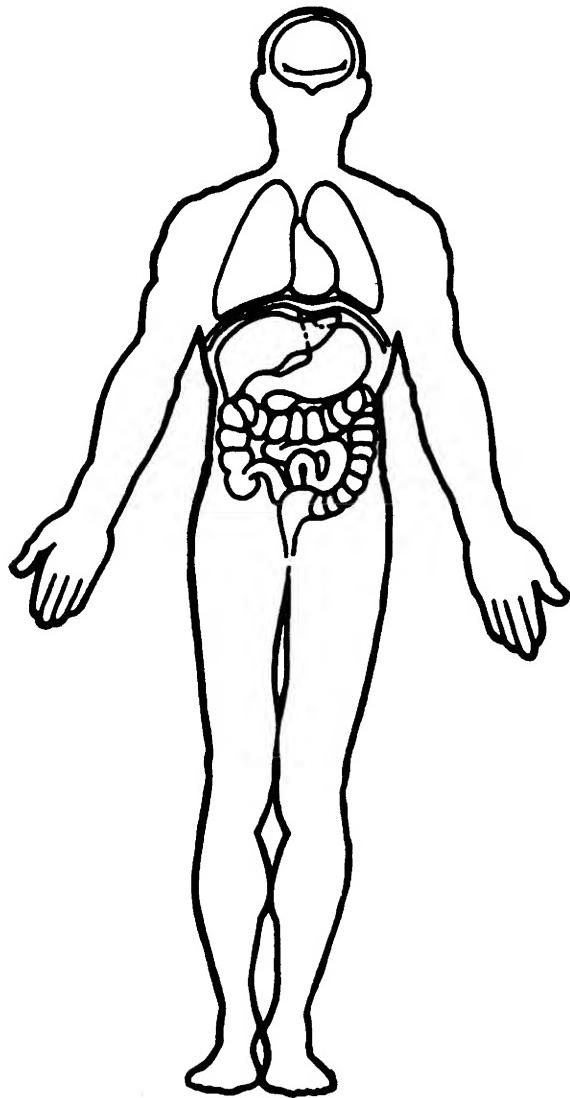
OFFICIAL INJURY DATA – SKELETAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA – INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number 24

2. Case Number - Stratum 1951

3. Vehicle Number 01

4. Occupant Number 02

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 06

Code actual age at time of accident.

(00) Less than one year old (specify by month): _____

(97) 97 years and older

(99) Unknown

6. Occupant's Sex 1

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height 132

Code actual height to the nearest centimeter.

(999) Unknown

52 inches X 2.54 = 132 centimeters

8. Occupant's Weight 025

Code actual weight to the nearest kilogram.

(999) Unknown

55 pounds X .4536 = 025 kilograms

9. Occupant's Role 2

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position 13

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify): _____

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify): _____

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify): _____

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify): _____

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify): _____

(99) Unknown

11. Occupant's Posture 0

Normal posture

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front of seat

(8) Other abnormal posture (specify): _____

(9) Unknown

EJECTION/ENTRAPMENT**12. Ejection**

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact)

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

17. Occupant Mobility

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons
(specify): _____
- (9) Unknown

BELT SYSTEM FUNCTION

<p>18. Manual (Active) Belt System Availability</p> <p>(0) None available (1) Belt removed/destroyed (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt available—type unknown</p> <p><i>Integral Belt Partially Destroyed</i></p> <p>(6) Shoulder belt (lap belt destroyed/removed) (7) Lap belt (shoulder belt destroyed/removed) (8) Other belt (specify): _____</p> <p>(9) Unknown</p>	4	<p>22. Manual Shoulder Belt Upper Anchorage Adjustment</p> <p>(0) No manual shoulder belt (1) No upper anchorage adjustment for manual shoulder belt</p> <p><i>Adjustable shoulder Belt Upper Anchorage</i></p> <p>(2) In full up position (3) In mid position (4) In full down position (5) Position unknown (9) Unknown if position has adjustable upper anchorage adjustment</p>	4
<p>19. Manual (Active) Belt System Use</p> <p>(00) None used, not available, or belt removed/destroyed (01) Inoperative (specify): _____</p> <p>(02) Shoulder belt (03) Lap belt (04) Lap and shoulder belt (05) Belt used—type unknown (08) Other belt used (specify): _____</p> <p>(12) Shoulder belt used with child safety seat (13) Lap belt used with child safety seat (14) Lap and shoulder belt used with child safety seat (15) Belt used with child safety seat—type unknown (18) Other belt used with child safety seat (specify): _____ (99) Unknown if belt used</p>	OO	<p>23. Automatic (Passive) Belt System Availability/Function</p> <p>(0) Not equipped/not available (1) 2 point automatic belts (2) 3 point automatic belts (3) Automatic belts - type unknown</p> <p><i>Non-functional</i></p> <p>(4) Automatic belts destroyed or rendered inoperative (9) Unknown</p>	O
<p>20. Proper Use of Manual (Active) Belts</p> <p>(0) None used or not available (1) Belt used properly (2) Belt used properly with child safety seat</p> <p><i>Belt Used Improperly</i></p> <p>(3) Shoulder belt worn under arm (4) Shoulder belt worn behind back or seat (5) Belt worn around more than one person (6) Lap belt worn on abdomen (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____ (8) Other improper use of manual belt system (specify): _____ (9) Unknown</p>	O	<p>24. Automatic (Passive) Belt System Use</p> <p>(0) Not equipped/not available/destroyed or rendered inoperative (1) Automatic belt in use (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____ (3) Automatic belt use unknown (9) Unknown</p>	O
<p>21. Manual (Active) Belt Failure Modes During Accident</p> <p>(0) No manual belt used or not available (1) No manual belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): _____ (6) Broken retractor (7) Combination of above (specify): _____ (8) Other manual belt failure (specify): _____ (9) Unknown</p>	O	<p>25. Automatic (Passive) Belt System Type</p> <p>(0) Not equipped/not available (1) Non-motorized system (2) Motorized system (9) Unknown</p> <p>26. Proper Use of Automatic (Passive) Belt System</p> <p>(0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat</p> <p><i>Automatic Belt Used Improperly</i></p> <p>(3) Automatic shoulder belt worn under arm (4) Automatic shoulder belt worn behind back (5) Automatic belt worn around more than one person (6) Lap portion of automatic belt worn on abdomen (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____ (8) Other improper use of automatic belt system (specify): _____ (9) Unknown</p>	O
<p>27. Automatic (Passive) Belt Failure Modes During Accident</p> <p>(0) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): _____ (6) Broken retractor (7) Combination of above (specify): _____ (8) Other automatic belt failure (specify): _____ (9) Unknown</p>	O		

POLICE REPORTED RESTRAINT USE	AIR BAG SYSTEM FUNCTION
<p>28. Police Reported Belt Use</p> <p>(0) None used (1) Police did not indicate belt use (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt used, type not specified (6) Child safety seat (7) Automatic belt (8) Other type belt, (specify): _____ (9) Police indicated "unknown"</p>	<p>30. Frontal Air Bag System Availability/Function (This Occupant Position)</p> <p>(0) Not equipped/not available (1) Air bag</p> <p><i>Non-functional</i></p> <p>(2) Air bag disconnected (specify): _____ (3) Air bag not reinstalled (9) Unknown</p>
<p>29. Police Reported Air Bag Availability/Function</p> <p>(0) No air bag available (1) Police did not indicate air bag availability/function (2) Deployed (3) Not deployed (4) Unknown if deployed (9) Police indicated "unknown"</p>	<p>31. Frontal Air Bag System Deployment (This Occupant Position)</p> <p>(0) Not equipped/not available (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown</p>
<p>Check the Primary Source Used In Determining Belt Use.</p> <p><input checked="" type="checkbox"/> Vehicle inspection <input type="checkbox"/> Official injury data <input type="checkbox"/> Driver/occupant interview <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown if belt used</p> <p>_____ _____ _____ _____</p>	<p>32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position)</p> <p>(0) Not equipped/not available (1) Air bag</p> <p><i>Non-functional</i></p> <p>(2) Air bag disconnected (specify): _____ (3) Air bag not reinstalled (9) Unknown</p> <p><i>Specify type of "other" air bag present:</i> _____</p>
	<p>33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position)</p> <p>(0) Not equipped with an "other" air bag (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown</p>
	<p>34. Are There Indications of Air Bag System Failure? (This Occupant Position)</p> <p>(0) Not equipped/not available (1) No (2) Yes (specify): _____ (9) Unknown</p>

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)?

- (0) Not equipped/not available
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

36. Type of Air Bag

- (0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System?

- (0) Not equipped/not available
(1) No prior maintenance
(2) Yes, prior maintenance (specify):

38. Air Bag Deployment Accident Event Sequence Number

- (00) Not equipped/not available

Code the accident event sequence number that initiated the air bag deployment
(96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact

- (0) Not equipped/not available
(1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify):

- (6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

40. Longitudinal Component of

Delta V For Air Bag Deployment Impact

(000) Not equipped/not available

Code the value of the delta V for the impact that initiated the air bag deployment

- (996) Deployment, unknown longitudinal Delta V
(997) Not deployed
(998) Unknown if deployed
(999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points?

- (0) Not equipped/not available
(1) No
(2) Yes
(3) Deployed, unknown if flap(s) opened at designated tear points
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged?

- (0) Not equipped/not available
(1) No
(2) Yes (specify): *Scraped by occup*
(3) Deployed, unknown if air bag module cover flap(s) damaged
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

43. Was There Damage To The Air Bag?

- (00) Not equipped/not available
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
(03) Cut
(04) Torn
(05) Holed
(06) Burned
(07) Abraded
(88) Other damage (specify):

(95) Damaged, details unknown

(96) Deployed, unknown if damaged

(97) Not deployed

(98) Unknown if deployed

(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION *continued***

44. Source of Air Bag Damage 01
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):

 (03) Object carried by occupant, (specify):

 (04) Adaptive/assistive controls, (specify):

 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (08) Other damage source (specify):

 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? 2
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):

 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? +
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):

 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position
Contacted by Another Occupant? 1
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):

 (3) Deployed, unknown if other occupant contact
to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 4
 (0) Not air bag equipped/air bag not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION

49. Head Restraint Type/Damage by Occupant
at This Occupant Position 1
 (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):

 (9) Unknown
50. Seat Type (this Occupant Position) 01
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):

 (99) Unknown
51. Seat Orientation (this Occupant Position) 1
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):

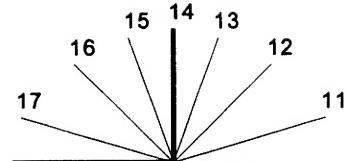
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 3
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
Adjustable Seat Track
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track
positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track
positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued***53. Seat Back Incline Prior and Post Impact** 23

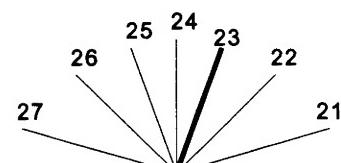
- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

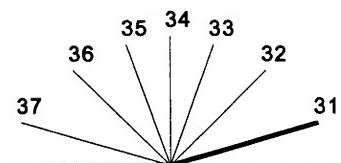
- (11) Moved to completely rearward position
- (12) Moved to rearward midrange position
- (13) Moved to slightly rearward position
- (14) Retained pre-impact position
- (15) Moved to slightly forward position
- (16) Moved to forward midrange position
- (17) Moved to completely forward position

***Slightly reclined prior to impact***

- (21) Moved to completely rearward position
- (22) Moved to rearward midrange position
- (23) Retained pre-impact position
- (24) Moved to upright position
- (25) Moved to slightly forward position
- (26) Moved to forward midrange position
- (27) Moved to completely forward position

***Completely reclined prior to impact***

- (31) Retained pre-impact position
- (32) Moved to rearward midrange position
- (33) Moved to slightly rearward position
- (34) Moved to upright position
- (35) Moved to slightly forward position
- (36) Moved to forward midrange position
- (37) Moved to completely forward position
- (99) Unknown

**54. Seat Performance (this Occupant Position)** 1

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed
 (specify): _____
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion, (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

CHILD SAFETY SEAT

55. Child Safety Seat Make/Model

(000) No child safety seat

Applicable codes are found in your NASS CDS

Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage

59. Child Safety Seat Shield Usage

60. Child Safety Seat Tether Usage

Note: Options below applicable to Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether

(01) After market harness/shield/tether added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market harness/shield/tether added

(09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES**61. Injury Severity (Police Rating)**

- (0) O - No injury
 (1) C - Possible injury
 (2) B - Nonincapacitating injury
 (3) A - Incapacitating injury
 (4) K - Killed
 (5) U - Injury, severity unknown
 (6) Died prior to accident
 (9) Unknown

62. Treatment - Mortality

- (0) No treatment
 (1) Fatal
 (2) Fatal - ruled disease (specify): _____

Nonfatal

- (3) Hospitalization
 (4) Transported and released
 (5) Treatment at scene - nontransported
 (6) Treatment later
 (7) Treatment - other (specify): _____
 (8) Transported to a medical facility-unknown if treated
 (9) Unknown

3

63. Type Of Medical Facility (for Initial Treatment)

- (0) Not treated at a medical facility
 (1) Trauma center
 (2) Hospital
 (3) Medical clinic
 (4) Physician's office
 (5) Treatment later at medical facility
 (8) Other (specify): _____
 (9) Unknown

3

64. Hospital Stay

- (00) Not Hospitalized
 _____ Code the number of days (up through 60) that the occupant stayed in hospital.
 (61) 61 days or more
 (99) Unknown

61

65. Working Days Lost

- _____ Code the number of days (up through 60) that the occupant lost from work due to the accident
 (00) No working days lost
 (61) 61 days or more
 (62) Fatally injured
 (97) Not working prior to accident
 (99) Unknown

97

EMERGENCY RESPONSE INFORMATION**EMS Notification**

- (1) Not notified
 (2) Notified
 (9) Unknown

ROAD VEHICLE

EMS Notification Time (first unit)
(9999) Unknown

ROAD VEHICLE

AIR VEHICLE

EMS Type

- (01) Fire department
 (02) Rescue squad
 (03) Police department
 (04) Trauma unit
 (05) Disaster unit
 (06) Ambulance service unit
 (07) Hospital
 (08) Mortuaries/funeral homes
 (98) Other, specify: _____
 (99) Unknown

FIRST UNIT

TRANSPORTING UNIT

ROAD VEHICLE

AIR VEHICLE

EMS Arrival Time (first unit)
(9998) EMS cancelled or did not arrive
(9999) Unknown

ROAD VEHICLE

AIR VEHICLE

EMS Care

- (01) No care administered
 (02) First aid
 (03) Resuscitation
 (04) CPR
 (05) Emergency cardiac care
 (06) Life support system monitoring (blood pressure, pulse rate, respiration, EKG)
 (07) Emergency burn care
 (08) Combination of above, specify: _____
 (98) Other, specify: _____
 (99) Unknown

ON-SCENE

DURING TRANSPORT

ROAD VEHICLE

AIR VEHICLE

EMS Departure Time To Treatment Facility (transporting unit)
(9997) EMS arrived, provided treatment, but did not transport
(9998) EMS arrived, but was not used
(9999) Unknown

ROAD VEHICLE

AIR VEHICLE

EMS Arrival Time At Treatment Facility
(9999) Unknown

ROAD VEHICLE

AIR VEHICLE

STOP WORK HERE VARIABLES 66-74 TO BE CODED BY THE ZONE CENTER

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****TRAUMA DATA**

66. Time to Death

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

(00) Not fatal
 (96) Fatal - ruled disease
 (99) Unknown

00

67. 1st Medically Reported Cause of Death

00

68. 2nd Medically Reported Cause of Death

00

69. 3rd Medically Reported Cause of Death

00

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

(00) Not fatal or no additional causes
 (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant

04

Code the actual number of injuries recorded for this occupant.

(00) No recorded injuries
 (97) Injured, details unknown
 (99) Unknown if injured

71. Glasgow Coma Scale (GCS) Score (at Medical Facility)

- (00) Not injured
- (01) Injured - not treated at medical facility
- (02) No GCS Score at medical facility
- (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
- (97) Injured, details unknown
- (99) Unknown if injured

D2

72. Was the Occupant Given Blood?

- (1) No - blood not given
- (2) Yes - blood given
 (specify units): _____
- (9) Unknown if blood given

173. Arterial Blood Gases (ABG) - HCO₃

- (00) Not injured
- (01) Injured, ABGs not measured or reported
- (02-50) Code the actual value of the HCO₃
- (96) ABGs reported , HCO₃ unknown
- (97) Injured, details unknown
- (99) Unknown if injured

14**BELT USE DETERMINATION**

74. Primary Source of Belt Use Determination

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Vehicle inspection
- (2) Official injury data
- (3) Driver/occupant interview
- (8) Other (specify): _____
- (9) Unknown if belt used

1

OCCUPANT INJURY FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 74
2. Case Number - Stratum 195J

3. Vehicle Number 01
4. Occupant Number 02

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	Body Region	Type of Anatomic Structure	A.I.S. - 90			Injury Source	Injury Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number		
			Anatomic Structure	Level of Injury	A.I.S. Severity					Aspect	
1st	5. <u>2</u>	6. <u>6</u>	7. <u>4</u>	8. <u>02</u>	9. <u>34</u>	10. <u>6</u>	11. <u>6</u>	12. <u>180</u>	13. <u>1</u>	14. <u>1</u>	15. <u>00</u>
2nd	16. <u>2</u>	17. <u>9</u>	18. <u>9</u>	19. <u>20</u>	20. <u>06</u>	21. <u>1</u>	22. <u>5</u>	23. <u>180</u>	24. <u>1</u>	25. <u>1</u>	26. <u>00</u>
3rd	27. <u>2</u>	28. <u>3</u>	29. <u>9</u>	30. <u>02</u>	31. <u>02</u>	32. <u>1</u>	33. <u>5</u>	34. <u>180</u>	35. <u>1</u>	36. <u>1</u>	37. <u>00</u>
4th	38. <u>2</u>	39. <u>2</u>	40. <u>9</u>	41. <u>02</u>	42. <u>02</u>	43. <u>1</u>	44. <u>8</u>	45. <u>180</u>	46. <u>1</u>	47. <u>1</u>	48. <u>00</u>
5th	49. <u> </u>	50. <u> </u>	51. <u> </u>	52. <u> </u>	53. <u> </u>	54. <u> </u>	55. <u> </u>	56. <u> </u>	57. <u> </u>	58. <u> </u>	59. <u> </u>
6th	60. <u> </u>	61. <u> </u>	62. <u> </u>	63. <u> </u>	64. <u> </u>	65. <u> </u>	66. <u> </u>	67. <u> </u>	68. <u> </u>	69. <u> </u>	70. <u> </u>
7th	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>	79. <u> </u>	80. <u> </u>	81. <u> </u>
8th	82. <u> </u>	83. <u> </u>	84. <u> </u>	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>
9th	93. <u> </u>	94. <u> </u>	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>
10th	104. <u> </u>	105. <u> </u>	106. <u> </u>	107. <u> </u>	108. <u> </u>	109. <u> </u>	110. <u> </u>	111. <u> </u>	112. <u> </u>	113. <u> </u>	114. <u> </u>

OCCUPANT INJURY DATA

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head (2) Face (3) Neck (4) Thorax (5) Abdomen (6) Spine (7) Upper Extremity (8) Lower Extremity (9) Unspecified	<u>Vessels, Nerves, Organs,</u> <u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02. The exceptions to this rule apply to:	Specific injuries are assigned consecutive two-digit numbers beginning with 02. To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(1) Right (2) Left (3) Bilateral (4) Central (5) Anterior (6) Posterior (7) Superior (8) Inferior (9) Unknown (0) Whole region
Type of Anatomic Structure	<u>Whole Area</u> (02) Skin - Abrasion (04) Skin - Contusion (06) Skin - Laceration (08) Skin - Avulsion (10) Amputation (20) Burn (30) Crush (40) Degloving (50) Injury - NFS (90) Trauma, other than mechanical	<u>Abbreviated Injury Scale</u> (1) Minor Injury (2) Moderate Injury (3) Serious Injury (4) Severe Injury (5) Critical Injury (6) Maximum (untreatable) (7) Injured, unknown severity	
	<u>Head - LOC</u> (02) Length of LOC (04) Level of (06) of (08) Consciousness (10) Concussion		
	<u>Spine</u> (02) Cervical (04) Thoracic (06) Lumbar		

SOURCE OF INJURY DATA	INJURY SOURCE CONFIDENCE LEVEL	DIRECT/INDIRECT INJURY
<u>OFFICIAL RECORDS</u> (1) Autopsy records with or without hospital/medical records (2) Hospital/medical records other than emergency room (e.g., discharge summary) (3) Emergency room records only (including associated X-rays or other lab reports) (4) Private physician, walk-in or emergency clinic	(1) Certain (2) Probable (3) Possible (9) Unknown	(1) Direct contact injury (2) Indirect contact injury (3) Noncontact injury (7) Injured, unknown source
<u>UNOFFICIAL RECORDS</u> (5) Lay coroner report (6) E.M.S. personnel (7) Interviewee (8) Other source (specify): (9) Police		

INJURY SOURCES

FRONT

- (001) Windshield
 (002) Mirror
 (003) Sunvisor
 (004) Steering wheel rim
 (005) Steering wheel hub/spoke
 (006) Steering wheel (combination of codes 004 and 005)
 (007) Steering column, transmission selector lever, other attachment
 (008) Cellular telephone or CB radio
 (009) Add on equipment (e.g., tape deck, air conditioner)
 (010) Left instrument panel and below
 (011) Center instrument panel and below
 (012) Right instrument panel and below
 (013) Glove compartment door
 (014) Knee bolster
 (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
 (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
 (017) Windshield reinforced by exterior object (specify)
-
- (019) Other front object (specify): _____

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
 (052) Left side hardware or armrest
 (053) Left A (A1/A2)-pillar
 (054) Left B-pillar
 (055) Other left pillar (specify):

 (056) Left side window glass
 (057) Left side window frame
 (058) Left side window sill
 (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (060) Other left side object (specify):

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
 (103) Right A (A1/A2)-pillar
 (104) Right B-pillar
 (105) Other right pillar (specify): _____

- (106) Right side window glass
 (107) Right side window frame
 (108) Right side window sill
 (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (110) Other right side object (specify): _____

INTERIOR

- (151) Seat, back support
 (152) Belt restraint webbing/buckle
 (153) Belt restraint B-pillar or door frame attachment point
 (154) Other restraint system component (specify):

 (155) Head restraint system
 (160) Other occupants (specify):

 (161) Interior loose objects
 (162) Child safety seat (specify):

 (163) Other interior object (specify):

AIR BAG

- (170) Air bag-driver side
 (171) Air bag-driver side and eyewear
 (172) Air bag-driver side and jewelry
 (173) Air bag-driver side and object held
 (174) Air bag-driver side and object in mouth
 (175) Air bag compartment cover-driver side
 (176) Air bag compartment cover-driver side and eyewear
 (177) Air bag compartment cover-driver side and jewelry
 (178) Air bag compartment cover-driver side and object held
 (179) Air bag compartment cover-driver side and object in mouth
 (180) Air bag-passenger side
 (181) Air bag-passenger side and eyewear
 (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held

- (184) Air bag-passenger side and object in mouth

- (185) Air bag compartment cover-passenger side

- (186) Air bag compartment cover-passenger side and eyewear

- (187) Air bag compartment cover-passenger side and jewelry

- (188) Air bag compartment cover-passenger side and object held

- (189) Air bag compartment cover-passenger side and object in mouth

- (190) Other air bag (specify):

 (195) Other air bag compartment cover (specify):

ROOF

- (201) Front header
 (202) Rear header
 (203) Roof left side rail
 (204) Roof right side rail
 (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
 (252) Floor or console mounted transmission lever, including console
 (253) Parking brake handle
 (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
 (302) Backlight storage rack, door, etc.
 (303) Other rear object (specify):

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
 (402) Steering control devices (attached to OEM steering wheel)
 (403) Steering knob attached to steering wheel
 (405) Replacement steering wheel (i.e., reduced diameter)
 (406) Joy stick steering controls
 (407) Wheelchair tie-downs
 (408) Modification to seat belts, (specify):

 (409) Additional or relocated switches, (specify):

- (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)

- (412) Other adaptive device (specify):

EXTERIOR OF OCCUPANT'S VEHICLE

- (451) Hood
 (452) Outside hardware (e.g., outside mirror, antenna)
 (453) Other exterior surface or tires (specify):

EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
 (502) Hood edge
 (503) Other front of vehicle (specify):

- (504) Hood
 (505) Hood ornament
 (506) Windshield, roof rail, A-pillar
 (507) Side surface
 (508) Side mirrors
 (509) Other side protrusions (specify):

- (510) Rear surface
 (511) Undercarriage
 (512) Tires and wheels
 (513) Other exterior of other motor vehicle (specify):

- (514) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (551) Ground
 (598) Other vehicle or object (specify):

- (599) Unknown vehicle or object

NONCONTACT INJURY

- (601) Fire in vehicle
 (602) Flying glass
 (603) Other noncontact injury source (specify):

 (604) Air bag exhaust gases
 (697) Injured, unknown source

OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

Restrained?

No

Yes

Blood Alcohol Level
(mg/dl)

BAL = 0

Glasgow Coma
Scale Score

GCSS = 12

Units of Blood
Given

Units = 0

Arterial Blood Gases

pH = 7.35

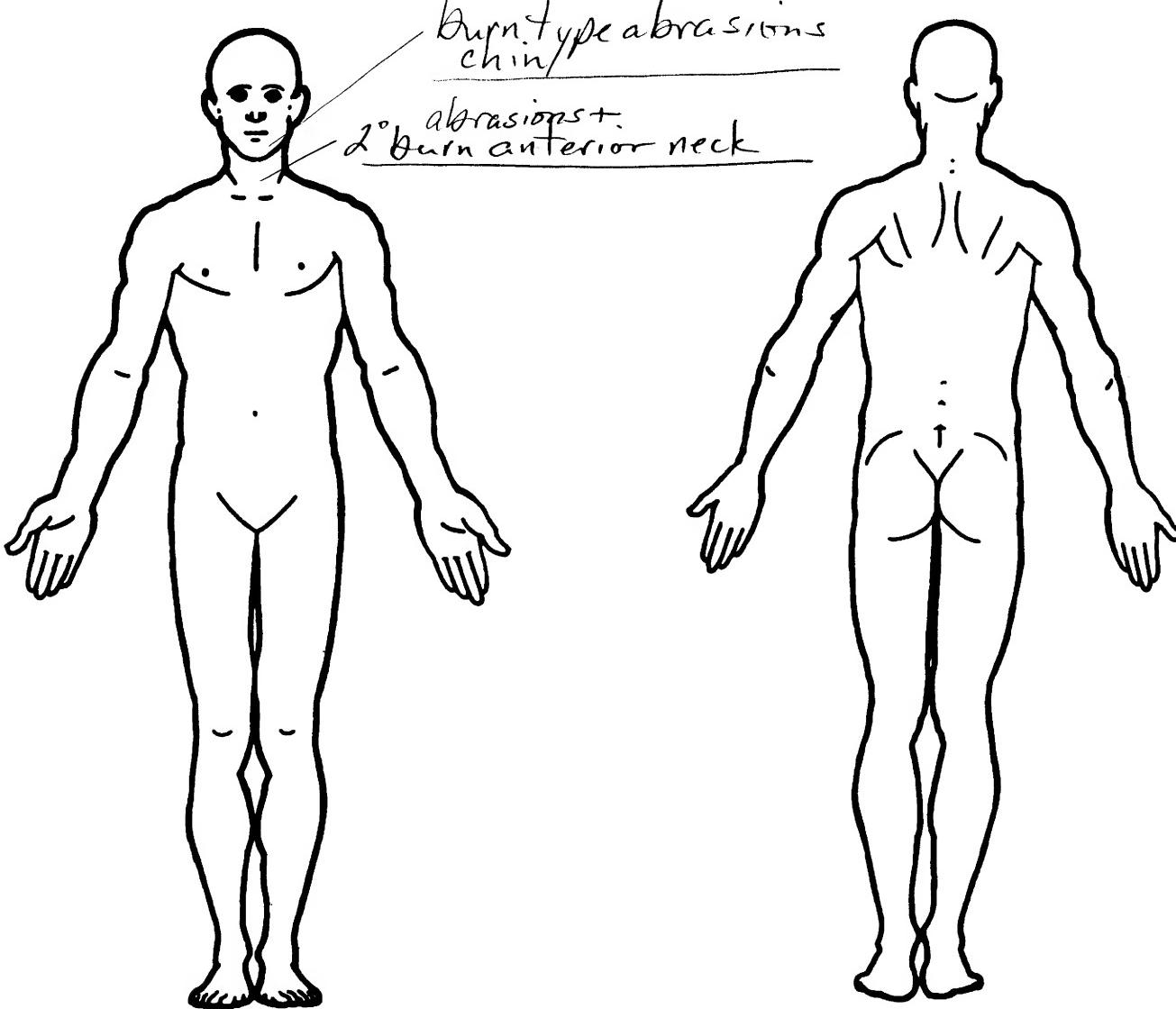
PO₂ = 407

PCO₂ 26

HCO₃ 14

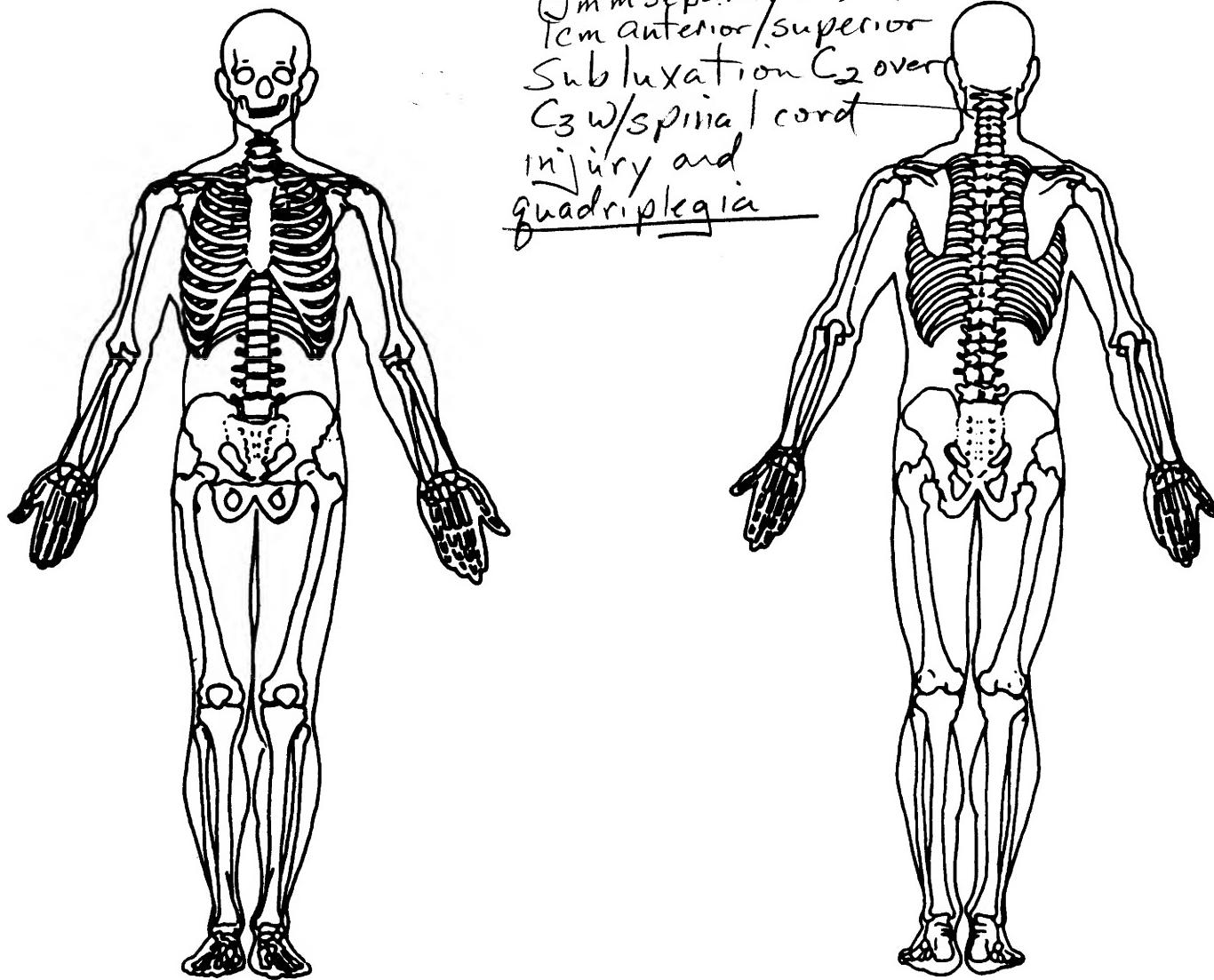
Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Scattered facial abrasions



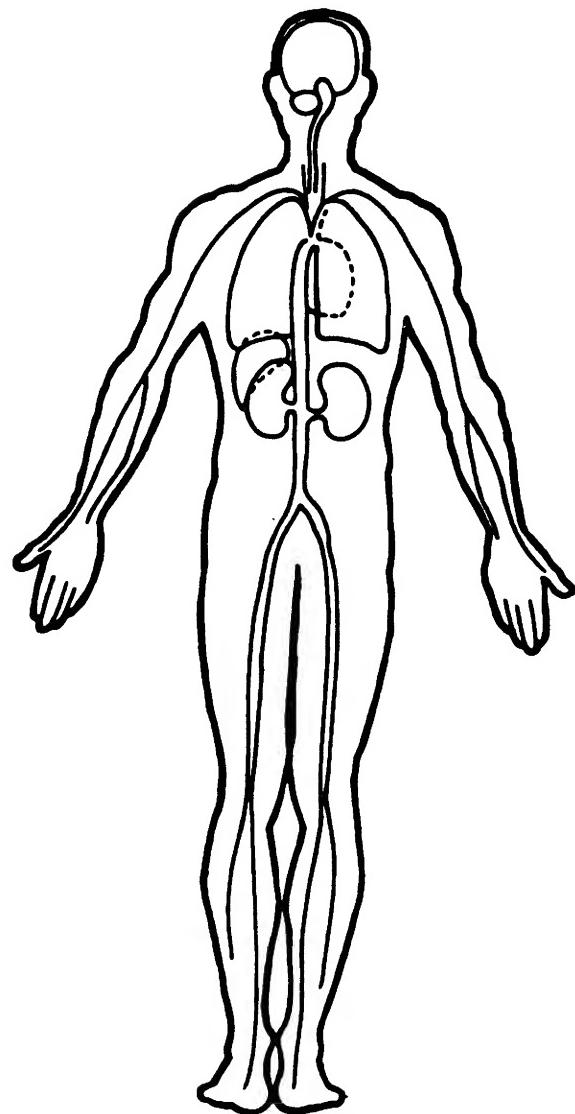
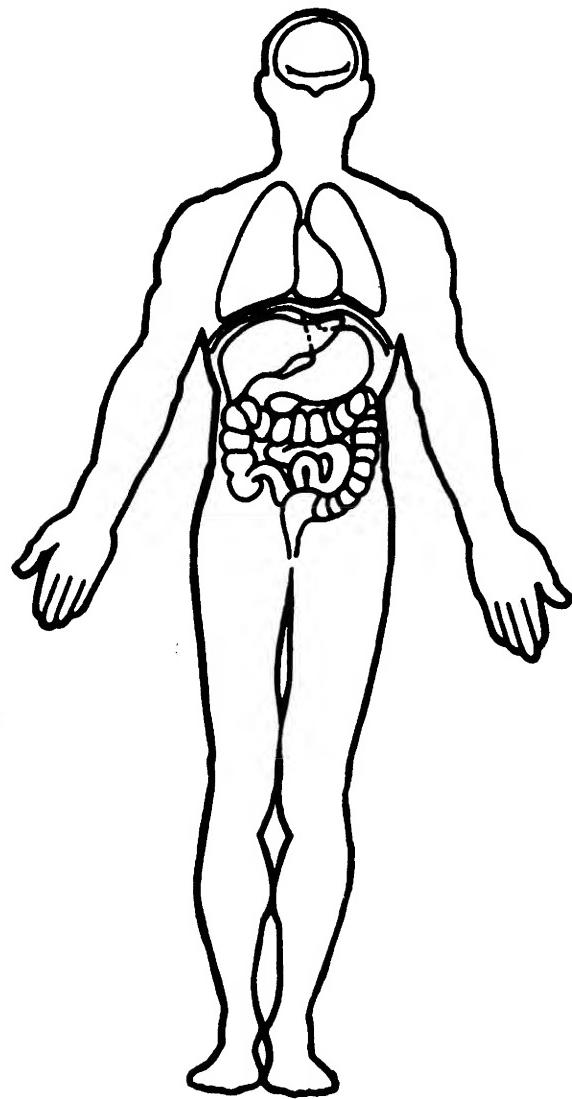
OFFICIAL INJURY DATA – SKELETAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA – INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





GENERAL VEHICLE FORM

1. Primary Sampling Unit Number 1957
2. Case Number - Stratum 02
3. Vehicle Number

VEHICLE IDENTIFICATION

4. Vehicle Model Year 90
Code the last two digits of the model year
(99) Unknown

5. Vehicle Make (specify): Eagle
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown

6. Vehicle Model (specify): Talon
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(999) Unknown

7. Body Type 03
Note: Applicable codes may be found on
the back of this page.

8. Vehicle Identification Number

4E3C164
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17

Left justify; Slash zeros and letter Z (0 and Z)
No VIN—Code all zeros
Unknown—Code all nines

9. Vehicle Special Use (This Trip) 0
(0) No special use
(1) Taxi
(2) Vehicle used as school bus
(3) Vehicle used as other bus
(4) Military
(5) Police
(6) Ambulance
(7) Fire truck or car
(8) Other (specify): _____
(9) Unknown

OFFICIAL RECORDS

10. Police Reported Vehicle Disposition 1
(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

11. Police Reported Travel Speed 999
Code to the nearest kmph (NOTE: 000 means
less than 0.5 kmph)
(160) 159.5 kmph and above
(999) Unknown

99 mph X 1.6093 = 999 kmph

12. Speed Limit 040
(000) No statutory limit
Code posted or statutory speed limit in kmph
(999) Unknown

40 mph X 1.6093 = 040 kmph

13. Police Reported Alcohol Presence For Driver 0
(0) No alcohol present
(1) Yes alcohol present
(7) Not reported
(8) No driver present
(9) Unknown

14. Alcohol Test Result For Driver 96
Code actual value (decimal implied
before first digit—0.xx)
(95) Test refused
(96) None given
(97) AC test performed, results unknown
(98) No driver present
(99) Unknown

Source: _____

15. Police Reported Other Drug Presence For Driver 0
(0) No other drug(s) present
(1) Yes other drug(s) present
(7) Not reported
(8) No driver present
(9) Unknown

16. Other Drug Specimen Test Result For Driver 0
(0) No specimen test given
(1) Drug(s) not found in specimen
(2) Drug(s) found in specimen, (specify):
(3) Specimen test given, results unknown or not
obtained
(8) No driver present
(9) Unknown if specimen test given

17. Driver's Zip Code _____

(00001) Driver not a resident of U.S. or territories

Code actual 5-digit zip code

(99998) No driver present
(99999) Unknown

18. Driver's Race/Ethnic Origin 1
(1) White (non-Hispanic)
(2) Black (non-Hispanic)
(3) White (Hispanic)
(4) Black (Hispanic)
(5) American Indian, Eskimo or Aleut
(6) Asian or Pacific Islander
(7) Other (specify):
(8) No driver present
(9) Unknown

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): _____
- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles (< 4,536 kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Passport, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Hummer, Landcruiser, Rover, Scout, Yukon)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks (< 4,536 kgs GVWR)

- (20) Minivan (Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Vista, Aerostar, Windstar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Expo Wagon, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van (< 4,536 kgs GVWR)
- (23) Van based motorhome (< 4,536 kgs GVWR)
- (24) Van based school bus (< 4,536 kgs GVWR)
- (25) Van based other bus (< 4,536 kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): _____
- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, < 4,536 kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500, T100)
- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks (< 4,536 kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): _____
- (59) Unknown bus type

Medium/Heavy Trucks (> 4,536 kgs GVWR)

- (60) Step van (> 4,536 kgs GVWR)
- (61) Single unit straight truck
(4,536 kgs < GVWR ≤ 8,845 kgs)
- (62) Single unit straight truck
(8,845 kgs < GVWR ≤ 11,793 kgs)
- (63) Single unit straight truck (> 11,793 kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): _____
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

PRECRASH ENVIRONMENTAL DATA**19. Relation To Interchange Or Junction**

- (0) Non-interchange area and non-junction
 (1) Interchange area related

Non-Interchange junctions

- (2) Intersection related
 (3) Driveway, alley access related
 (4) Other junction (specify)

(5) _____

(9) Unknown

20. Trafficway Flow

- (0) Not physically divided (two way traffic)
 (1) Divided trafficway-median strip without positive barrier
 (2) Divided trafficway-median strip with positive barrier
 (3) One way traffic
 (9) Unknown

21. Number Of Travel Lanes

- (1) One
 (2) Two
 (3) Three
 (4) Four
 (5) Five
 (6) Six
 (7) Seven or more
 (9) Unknown

22. Roadway Alignment

- (1) Straight
 (2) Curve right
 (3) Curve left
 (9) Unknown

23. Roadway Profile

- (1) Level
 (2) Uphill grade (> 2%)
 (3) Hill crest
 (4) Downhill grade (> 2%)
 (5) Sag
 (9) Unknown

24. Roadway Surface Type

- (1) Concrete
 (2) Bituminous (asphalt)
 (3) Brick or block
 (4) Slag, gravel, or stone
 (5) Dirt
 (8) Other (specify): _____
 (9) Unknown

25. Roadway Surface Condition

- (1) Dry
 (2) Wet
 (3) Snow or slush
 (4) Ice
 (5) Sand, dirt, or oil
 (8) Other (specify): _____
 (9) Unknown

3 ~~2~~**26. Light Conditions**

- (1) Daylight
 (2) Dark
 (3) Dark, but lighted
 (4) Dawn
 (5) Dusk
 (9) Unknown

1

27. Atmospheric Conditions

- (0) No adverse atmospheric-related driving conditions
 (1) Rain
 (2) Sleet/hail
 (3) Snow
 (4) Fog
 (5) Rain and fog
 (6) Sleet and fog
 (7) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify):
 (9) Unknown

0

28. Traffic Control Device

- (0) No traffic control(s)
 (1) Traffic control signal (not RR crossing)

1

Regulatory

- (2) Stop sign
 (3) Yield sign
 (4) School zone sign
 (5) Other regulatory sign (specify):

4

(6) Warning sign (not RR crossing)

- (7) Unknown sign
 (8) Miscellaneous/other controls including RR controls (specify):

(9) Unknown

29. Traffic Control Device Functioning

- (0) No traffic control device
 (1) Traffic control device not functioning (specify):
 (2) Traffic control device functioning properly
 (9) Unknown

2

PRECRASH DRIVER RELATED DATA

30. Driver's Distraction/Inattention To Driving
 (Prior To Recognition Of Critical Event) O+
 (00) No driver present
 (01) Attentive or not distracted
 (02) Looked but did not see
Distractions
 (03) By other occupant(s), (specify): _____
 (04) By moving object in vehicle (specify): _____
 (05) While talking or listening to cellular phone (specify location and type of phone): _____
 (06) While dialing cellular phone (specify location and type of phone): _____
 (07) While adjusting climate controls
 (08) While adjusting radio, cassette, CD (specify): _____
 (09) While using other device/controls integral to vehicle (specify): _____
 (10) While using or reaching for device/object brought into vehicle (specify): _____
 (11) Sleepy or fell asleep
 (12) Distracted by outside person, object, or event (specify): _____
 (13) Eating or drinking
 (14) Smoking related
 (97) Distracted/inattentive, details unknown
 (98) Other, distraction (specify): _____
 (99) Unknown

31. Pre-Event Movement (Prior to Recognition of Critical Event) O/
 (00) No driver present
 (01) Going straight
 (02) Decelerating in traffic lane
 (03) Accelerating in traffic lane
 (04) Starting in traffic lane
 (05) Stopped in traffic lane
 (06) Passing or overtaking another vehicle
 (07) Disabled or parked in travel lane
 (08) Leaving a parking position
 (09) Entering a parking position
 (10) Turning right
 (11) Turning left
 (12) Making a U-turn
 (13) Backing up (other than for parking position)
 (14) Negotiating a curve
 (15) Changing lanes
 (16) Merging
 (17) Successful avoidance maneuver to a previous critical event
 (97) Other (specify): _____
 (99) Unknown

32. Critical Precrash Event 17**THIS VEHICLE LOSS OF CONTROL DUE TO:**

- (01) Blow out or flat tire
 (02) Stalled engine
 (03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
 (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
 (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
 (06) Traveling too fast for conditions
 (08) Other cause of control loss (specify): _____
 (09) Unknown cause of control loss

THIS VEHICLE TRAVELLING

- (10) Over the lane line on left side of travel lane
 (11) Over the lane line on right side of travel lane
 (12) Off the edge of the road on the left side
 (13) Off the edge of the road on the right side
 (14) End departure
 (15) Turning left at intersection
 (16) Turning right at intersection
 (17) Crossing over (passing through) intersection
 (18) This vehicle decelerating
 (19) Unknown travel direction

OTHER MOTOR VEHICLE IN LANE

- (50) Other vehicle stopped
 (51) Traveling in same direction with lower steady speed
 (52) Traveling in same direction while decelerating
 (53) Traveling in same direction with higher speed
 (54) Traveling in opposite direction
 (55) In crossover
 (56) Backing
 (59) Unknown travel direction of other motor vehicle in lane

OTHER MOTOR VEHICLE ENCROACHING INTO LANE

- (60) From adjacent lane (same direction)—over left lane line
 (61) From adjacent lane (same direction)—over right lane line
 (62) From opposite direction—over left lane line
 (63) From opposite direction—over right lane line
 (64) From parking lane
 (65) From crossing street, turning into same direction
 (66) From crossing street, across path
 (67) From crossing street, turning into opposite direction
 (68) From crossing street, intended path not known
 (70) From driveway, turning into same direction
 (71) From driveway, across path
 (72) From driveway, turning into opposite direction
 (73) From driveway, intended path not known
 (74) From entrance to limited access highway
 (78) Encroachment by other vehicle—details unknown

PEDESTRIAN, PEDALCYCLIST, OR OTHER NONMOTORIST

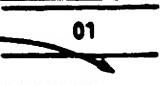
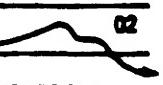
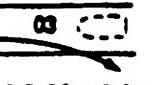
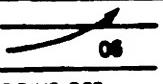
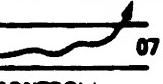
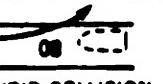
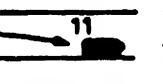
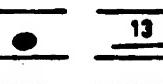
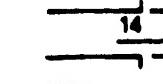
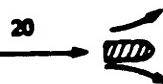
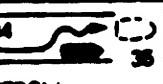
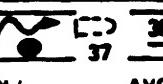
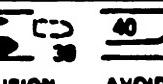
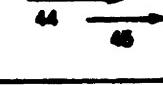
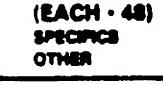
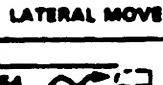
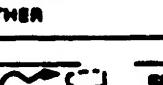
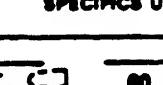
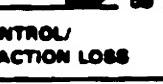
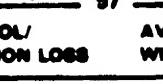
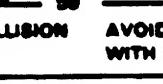
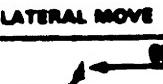
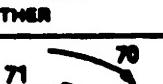
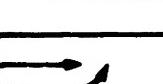
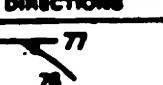
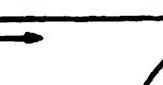
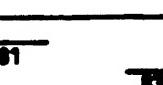
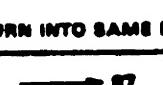
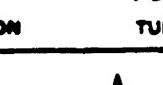
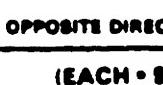
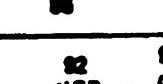
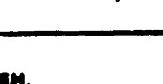
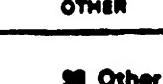
- (80) Pedestrian in roadway
 (81) Pedestrian approaching roadway
 (82) Pedestrian—unknown location
 (83) Pedalcyclist or other nonmotorist in roadway (specify): _____
 (84) Pedalcyclist or other nonmotorist approaching roadway, (specify): _____
 (85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

OBJECT OR ANIMAL

- (87) Animal in roadway
 (88) Animal approaching roadway
 (89) Animal—unknown location
 (90) Object in roadway
 (91) Object approaching roadway
 (92) Object—unknown location
 (98) Other critical precrash event (specify): _____
 (99) Unknown

<p>33. Attempted Avoidance Maneuver</p> <p>(00) No driver present (01) No avoidance maneuver (02) Braking (no lockup) (03) Braking (lockup) (04) Braking (lockup unknown) (05) Releasing brakes (06) Steering left (07) Steering right (08) Braking and steering left (09) Braking and steering right (10) Accelerating (11) Accelerating and steering left (12) Accelerating and steering right (98) Other action (specify): <hr/>(99) Unknown</p>	<p><u>09</u></p> <p>35. Pre-Impact Location</p> <p>(0) No driver present (1) Stayed in original travel lane (2) Stayed on roadway but left original travel lane (3) Stayed on roadway, not known if left original travel lane (4) Departed roadway (5) Remained off roadway (6) Returned to roadway (7) Entered roadway (9) Unknown</p>
<p>34. Pre-Impact Stability</p> <p>(0) No driver present (1) Tracking (2) Skidding longitudinally—rotation less than 30 degrees (3) Skidding laterally—clockwise rotation (4) Skidding laterally—counterclockwise rotation (7) Other vehicle loss-of-control (specify): <hr/>(9) Precrash stability unknown</p>	<p><u>1</u></p> <p>36. Accident Type</p> <p>(Note: Applicable codes on back of this page)</p> <p>(00) No impact Code the number of the diagram that best describes the accident circumstance (98) Other accident type (specify): <hr/>(99) Unknown</p>

STOP HERE IF GV07 DOES NOT EQUAL 01 - 49

Category	Configuration	ACCIDENT TYPES (Includes Intent)																
I Single Driver	A Right Roadside Departure				01	02	03											
	B Left Roadside Departure				06	07	08											
	C Forward Impact				11	12	13											
II Same Trafficway Same Direction	D Rear-End				20	21	22	23	24	25	26	27	28	29	30	31	(EACH • 32)	(EACH • 33)
	E Forward Impact				34	35	36	37	38	39	40	41	(EACH • 42)	(EACH • 43)				
III Same Trafficway Opposite Direction	F Sideswipe Angle				44	45	46	47	(EACH • 48)	SPECIFICS OTHER	(EACH • 49)	SPECIFICS UNKNOWN						
	G Head-On				50	51	(EACH • 52)	SPECIFICS OTHER	(EACH • 53)	SPECIFICS UNKNOWN								
	H Forward Impact				54	55	56	57	58	59	60	61	(EACH • 62)	(EACH • 63)				
IV Change Trafficway Vehicle Turning	I Sideswipe Angle				64	65	(EACH • 66)	SPECIFICS OTHER	(EACH • 67)	SPECIFICS UNKNOWN								
	J Turn Across Path				66	67	68	69	70	71	72	73	(EACH • 74)	(EACH • 75)				
V Intersecting Paths (Vehicle Damage)	K Turn Into Path				74	75	76	77	78	79	80	81	82	(EACH • 84)	(EACH • 85)			
	L Straight Paths				87	88	89	90	(EACH • 90)	SPECIFICS OTHER	(EACH • 91)	SPECIFICS UNKNOWN						
VI	M Backing Etc.				92	93	94	95	96	97	98	99	00	01	02	03	04	05
																00 Other Accident Type	01 Unknown Accident Type	02 No Impact

OCCUPANT RELATED			
37. Driver Presence in Vehicle (0) Driver not present (1) Driver present (9) Unknown		44. Vehicle Cargo Weight _____ Code weight to nearest 10 kilograms. (000) Less than 5 kilograms (454) 4,536 kilograms or more (999) Unknown _____ lbs X .4536 = <u>000</u> kgs	
38. Number of Occupants This Vehicle (00-96) Code actual number of occupants for this vehicle (97) 97 or more (99) Unknown		Source: _____	
39. Number of Occupant Forms Submitted <u>01</u>		ROLLOVER DATA	
AIR BAG RELATED			
40. Is this an AOPS Vehicle? (0) No (includes unknown) (1) Yes - researcher determined (2) VIN determined air bag system (3) VIN determined automatic (passive) belts (4) VIN determined air bag and automatic (passive) belts		45. Rollover (00) No rollover (no overturning) <u>00</u> <i>Rollover (primarily about the longitudinal axis)</i> (01-16) Code the number of quarter turns (17) Rollover, 17 or more quarter turns (specify): _____ (98) Rollover--end-over-end (i.e., primarily about the lateral axis) (99) Rollover (overturn), details unknown	
41. Air Bag(s) Deployment, First Seat Frontal (0) Not equipped or not available (1) No air bags deployed <i>Single Air Bag Vehicle</i> (2) Driver air bag deployed (3) Driver air bag, unknown if deployed <i>Multiple Air Bag Vehicle</i> (4) Driver side only deployed (5) Passenger side only deployed (6) Driver and passenger side deployed (7) Driver and passenger side unknown if deployed (8) Air bag(s) deployed, details unknown (9) Unknown		46. Rollover Initiation Type <u>00</u> (00) No rollover (01) Trip-over (02) Flip-over (03) Turn-over (04) Climb-over (05) Fall-over (06) Bounce-over (07) Collision with another vehicle (08) Other rollover initiation type specify): (98) Rollover--end-over-end (99) Unknown rollover initiation type	
42. Air Bag(s) Deployment, Other Than First Seat Frontal (0) Not equipped with an "other" air bag (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown Specify type of "other" air bag present: _____		47. Location of Rollover Initiation <u>0</u> (0) No rollover (1) On roadway (2) On shoulder—paved (3) On shoulder—unpaved (4) On roadside or divided trafficway median (8) Rollover--end-over-end (9) Unknown	
		48. Rollover Initiation Object Contacted <u>00</u> (Note: Applicable codes on back of page)	
		49. Location on Vehicle Where Initial Principal Tripping Force Is Applied <u>0</u> (0) No rollover (1) Wheels/tires (2) Side plane (3) End plane (4) Undercarriage (5) Other location on vehicle (specify): (6) Non-contact rollover forces (specify): (8) Rollover--end-over-end (9) Unknown	
		50. Direction of Initial Roll <u>0</u> (0) No rollover (1) Roll right - primarily about the longitudinal axis (2) Roll left - primarily about the longitudinal axis (8) Rollover--end-over-end (9) Unknown roll direction	
43. Vehicle Curb Weight _____ Code weight to nearest 10 kilograms. (045) Less than 454 kilograms (612) 6,124 kilograms or more (999) Unknown _____ lbs X .4536 = <u>120</u> kgs		Source: <u>1990</u>	

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

(00) No rollover
(01-30) — Vehicle Number

Noncollision

- (31) Turn-over — fall-over
- (32) No rollover impact initiation (end-over-end)
- (34) Jackknife

Collision With Fixed Object

- (41) Tree (\leq 10 cm in diameter)
- (42) Tree ($>$ 10 cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment

(45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (\leq 10 cm in diameter)
- (51) Pole or post ($>$ 10 cm but \leq 30 cm in diameter)
- (52) Pole or post ($>$ 30 cm in diameter)
- (53) Pole or post (diameter unknown)

(54) Concrete traffic barrier

(55) Impact attenuator

(56) Other traffic barrier (includes guardrail)
(specify): _____

- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify):

(69) Unknown fixed object

Collision with Nonfixed Object

- (70) Passenger car, light truck, van, or other vehicle not in-transport
- (71) Medium/heavy truck or bus not in-transport
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (79) Object fell from vehicle in-transport
- (88) Other nonfixed object (specify):

(89) Unknown nonfixed object

(98) Other event (specify):

(99) Unknown event or object

OVERRIDE/UNDERRIDE (THIS VEHICLE)		ACCIDENT RECONSTRUCTION PROGRAMS HIGHEST DELTA V
<p>51. Front Override/Underride (this Vehicle) <input checked="" type="checkbox"/></p> <p>52. Rear Override/Underride (this Vehicle) <input checked="" type="checkbox"/></p> <p>(0) No override/underride, or not an end-to-end impact between two CDS applicable vehicles, and no medium/heavy truck or bus underride</p> <p><i>Override (see specific CDC)</i> <i>(Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49))</i></p> <p>(1) 1st CDC</p> <p>(2) 2nd CDC</p> <p>(3) Other not automated CDC (specify): _____</p> <p><i>Underride (see specific CDC)</i> <i>(Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49))</i></p> <p>(4) 1st CDC</p> <p>(5) 2nd CDC</p> <p>(6) Other not automated CDC (specify): _____</p> <p>(7) Medium/heavy truck or bus override (of any configuration)</p> <p>(9) Unknown</p>		<p>58. Basis for Total (Resultant) Delta V (highest) <input checked="" type="checkbox"/> 03</p> <p>(00) No vehicle inspection</p> <p><i>Delta V Calculated</i></p> <p>(01) Reconstruction program-damage only routine</p> <p>(02) Reconstruction program-damage and trajectory routine</p> <p>(03) Missing vehicle algorithm</p> <p><i>Delta V Not Calculated</i></p> <p>(04) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.</p> <p><i>All vehicles within scope (CDC applicable) of reconstruction program but one of the collision conditions is beyond the scope of the reconstruction program or other acceptable reconstruction technique, regardless of adequacy of damage data.</i></p> <p>(05) Rollover</p> <p>(06) Other non-horizontal forces</p> <p>(07) Sideswipe type damage</p> <p>(08) Severe override</p> <p>(09) Yielding object</p> <p>(10) Overlapping damage</p> <p>(11) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available, (specify): _____</p> <p>(98) Other, (specify): _____</p>
HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V		
<p>Values: (000)-(359) Code actual value</p> <p>(996) Non-horizontal impact</p> <p>(997) Noncollision</p> <p>(998) Impact with object</p> <p>(999) Unknown</p>		
<p>53. Heading Angle For This Vehicle <input checked="" type="checkbox"/></p> <p>54. Heading Angle For Other Vehicle <input checked="" type="checkbox"/> 090</p>		
RECONSTRUCTION DATA		
<p>55. Towed Trailing Unit <input checked="" type="checkbox"/></p> <p>(0) No towed unit</p> <p>(1) Yes—towed trailing unit</p> <p>(9) Unknown</p>		
<p>56. Documentation of Trajectory Data for This Vehicle <input checked="" type="checkbox"/></p> <p>(0) No</p> <p>(1) Yes</p>		
<p>57. Post Collision Condition of Tree or Pole (For Highest Delta V) <input checked="" type="checkbox"/></p> <p>(0) Not collision (for highest delta V) with tree or pole</p> <p>(1) Not damaged</p> <p>(2) Cracked/sheared</p> <p>(3) Tilted <45 degrees</p> <p>(4) Tilted ≥45 degrees</p> <p>(5) Uprooted tree</p> <p>(6) Separated pole from base</p> <p>(7) Pole replaced</p> <p>(8) Other (specify): _____</p> <p>(9) Unknown</p>		

COMPUTER GENERATED CRASH SEVERITY

59. Total Delta V

Highest

999
02424 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)

(160) 159.5 kmph and above

(999) Unknown

60. Longitudinal Component of
Delta V

Highest

+ 999-15 Nearest kmph (highest) -015 Nearest kmph (secondary)

(NOTE: _000 means greater than

-0.5 kmph and less than +0.5 kmph)

(\pm 160) \pm 159.5 kmph and above

(_999) Unknown

61. Lateral Component of Delta V

Highest

+ 999-18 Nearest kmph (highest) -018 Nearest kmph (secondary)(NOTE: _000 means greater than -0.5 kmph and
less than +0.5 kmph)(\pm 160) \pm 159.5 kmph and above

(_999) Unknown

0430
Highest

62. Energy Absorption

00

42950
Nearest 100 joules (highest) Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)

(9997) 999,650 joules or more

(9999) Unknown

63. Impact Speed

Highest

999 Nearest kmph (highest)998 Nearest kmph (secondary)

(NOTE: 000 means

less than 0.5 kmph)

(160) 159.5 kmph and above

(998) Trajectory algorithm not run

(999) Unknown

DELTA V CONFIDENCE LEVEL

64. Confidence In Reconstruction Program
Results (For Highest Delta V)4 2

(0) No reconstruction

(1) Collision fits model — results appear
reasonable

(2) Collision fits model — results appear high

(3) Collision fits model — results appear low

(4) Borderline reconstruction — results appear
reasonable

OTHER SPEED ESTIMATE

65. Barrier Equivalent Speed

Highest

99928.6 Nearest kmph (highest) 029 Nearest kmph (secondary)

(NOTE: 000 means

less than 0.5 kmph)

(160) 159.5 kmph and above

(999) Unknown

v2. damage - on LF
wheel CDC on '8

ESTIMATED DELTA V	INSPECTION TYPE
<p>66. Estimated Highest Delta V (Researcher Determined)</p> <p>(0) Reconstruction Delta V coded</p> <p><i>Estimated Delta V</i></p> <p>(1) Less than 10 kmph (2) \geq 10 kmph but $<$ 25 kmph (3) \geq 25 kmph but $<$ 40 kmph (4) \geq 40 kmph but $<$ 55 kmph (5) \geq 55 kmph</p> <p><i>Other estimates of damage severity</i></p> <p>(6) Minor (7) Moderate (8) Severe (9) Unknown</p>	<p>0 <input checked="" type="checkbox"/> 3</p> <p>67. Type of Vehicle Inspection</p> <p>(0) No inspection (1) Vehicle fully repaired-no damage evident (2) Partial inspection (specify): _____ (3) Complete inspection</p> <p>DELTA V EVENT NUMBER</p> <p>68. Delta V Event Number <u>01</u> _____ Code the accident event sequence number that resulted in the Delta V that has been coded above for this vehicle (99) Unknown</p>

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV67 = 0), ***

DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***

THE EXTERIOR VEHICLE, INTERIOR VEHICLE,

OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.

EXTERIOR VEHICLE FORM

1. Primary Sampling Unit Number	<u>74</u>	3. Vehicle Number	<u>Q2</u>
2. Case Number - Stratum	<u>1955</u>		

VEHICLE IDENTIFICATION

VIN 4E3GT64UXLE Model Year 90

Vehicle Make (specify): Eagle Vehicle Model (specify): Talon

LOCATOR

Locate the end of the damage with respect to the vehicle's damaged center point or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L	Location of Max Crush
1	20cm behind rear axle in front of LF axle	20cm behind rear axle	C-1

CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

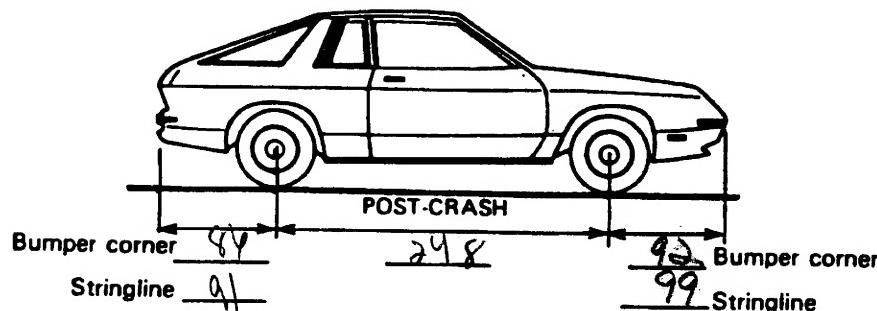
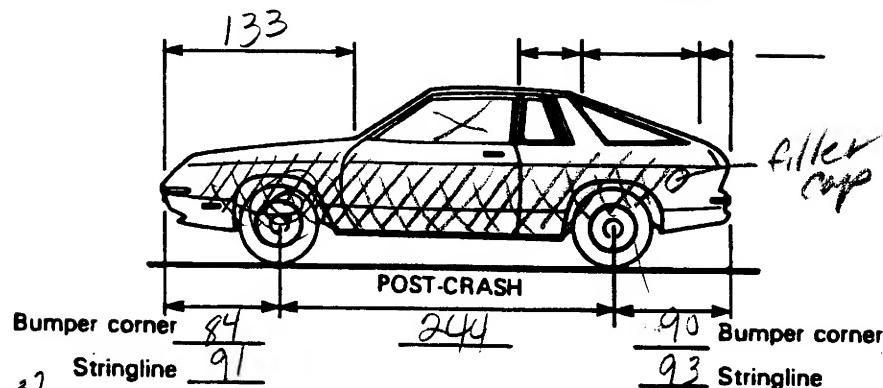
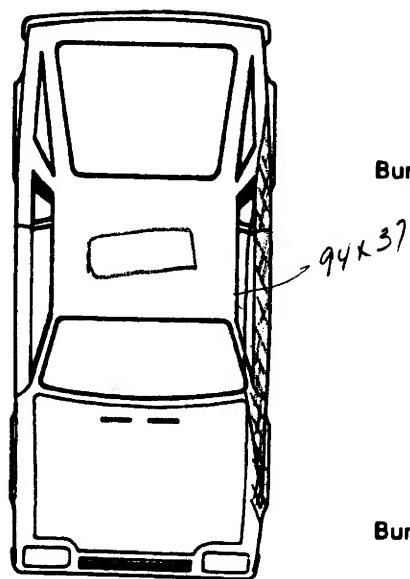
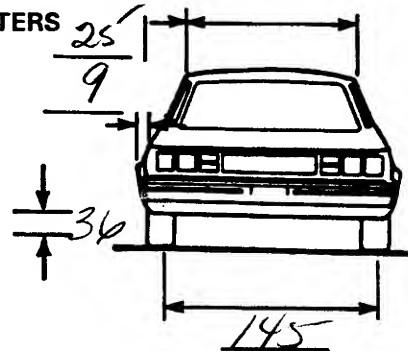
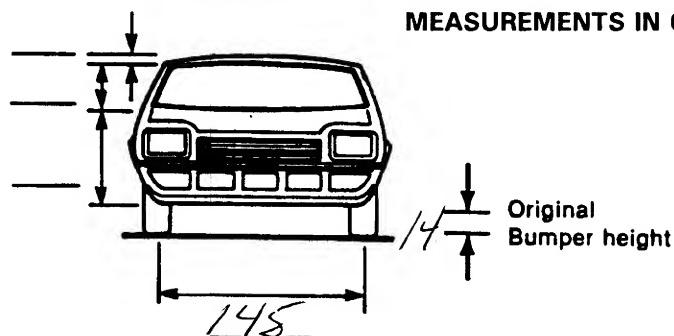
Use as many lines/columns as necessary to describe each damage profile.

ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase	<u>97.2</u>	inches	x 2.54	=	<u>247</u>	cm
Overall Length	<u>172.4</u>	inches	x 2.54	=	<u>438</u>	cm
Maximum Width	<u>66.9</u>	inches	x 2.54	=	<u>170</u>	cm
Curb Weight	<u>2651</u>	pounds	x .4536	=	<u>1202</u>	kg
Average Track	<u>52.</u>	inches	x 2.54	=	_____	cm
Front Overhang	<u> </u>	inches	x 2.54	=	_____	cm
Rear Overhang	<u> </u>	inches	x 2.54	=	_____	cm
Undeformed End Width	<u> </u>	inches	x 2.54	=	_____	cm
Engine Size: cyl./displ.	<u>I4</u>	cc	x .001	=	<u>20</u>	L
	<u> </u>	CID	x .0164	=	<u> </u>	L

VEHICLE DAMAGE SKETCH

TIRE—WHEEL DAMAGE		ORIGINAL SPECIFICATIONS		WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only)	
a. Rotation physically restricted	b. Tire deflated	Wheelbase	247	cm	RF ± _____ ° LF ± _____ ° RR ± _____ ° LR ± _____ °
RF <u>2</u> LF <u>2</u> RR <u>2</u> LR <u>2</u>	RF <u>2</u> LF <u>2</u> RR <u>2</u> LR <u>2</u>	Overall Length	438	cm	Within ± 5 degrees
(1) Yes (2) No (8) NA (9) Unk.		Maximum Width	170	cm	
		Curb Weight	1202	kg	
		Average Track	145	cm	
		Front Overhang	96	cm	
		Rear Overhang	91	cm	
TYPE OF TRANSMISSION <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic		Undeformed End Width	145	cm	
END SHIFT > 10 CM <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Engine Size: cyl./displ.	I4 2.0	L	



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>O1</u>	5. <u>O1</u>	6. <u>D</u>	7. <u>L</u>	8. <u>D</u>	9. <u>E</u>	10. <u>W</u>	11. <u>O2</u> <u>/D</u>

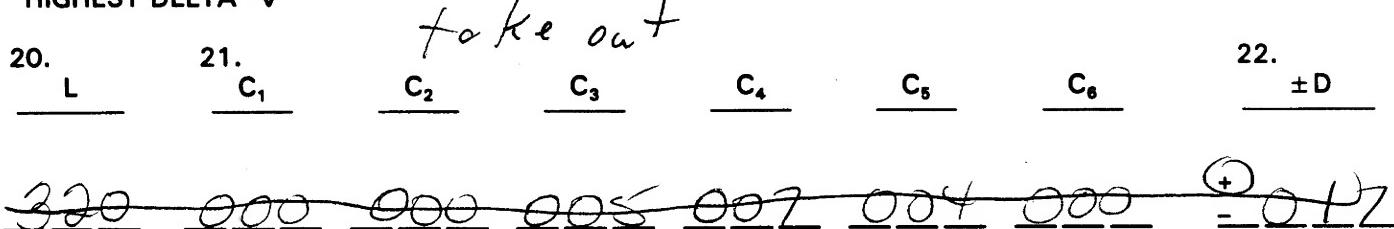
Second Highest Delta "V"

12. ____ 13. ____ 14. ____ 15. ____ 16. ____ 17. ____ 18. ____ 19. ____

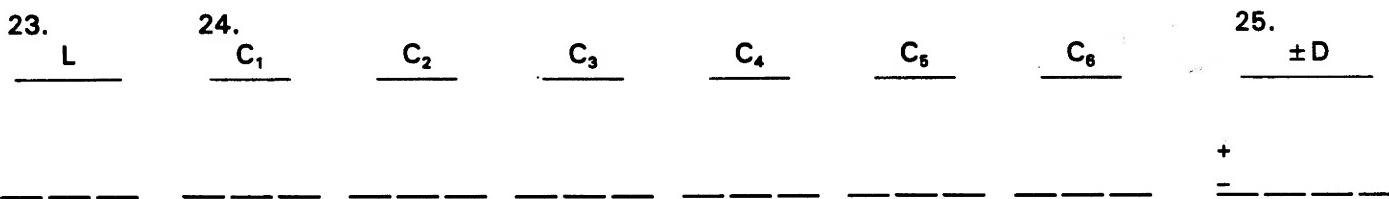
CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"



Second Highest Delta "V"



26. Undeformed End Width
(Coded when highest severity impact is an end plane impact.)
____ Code to the nearest centimeter
(250) 250 centimeters or more
(998) No highest severity end plane impact
(999) Unknown

998

____ (250) 250 centimeters or more
____ (998) No highest severity end plane impact

____ (999) Unknown

27. Direct Damage Width
(For highest severity impact)

250

____ Code to the nearest centimeter
(250) 250 centimeters or more
(999) Unknown

28. Original Wheelbase

____ Code to the nearest centimeter

(650) 650 centimeters or more

(999) Unknown

____ 97.2 inches X 2.54 = 247 centimeters

29. Original Average Track Width

____ Code to the nearest centimeter

(185) 185 centimeters or more

(999) Unknown

____ 57. inches X 2.54 = 145 centimeters

<p>30. Are CDCs Documented but Not Coded on The Automated File?</p> <p>(0) No (1) Yes</p> <p>31. Researcher's Assessment of Vehicle Disposition</p> <p>(0) Not towed due to vehicle damage (1) Towed due to vehicle damage (9) Unknown</p> <p>32. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle?</p> <p>(0) No post manufacturer modifications (1) Yes - post manufacturer modifications (specify): _____ _____ (Include photograph of CERTIFICATION PLACARD in case report) (9) Unknown if vehicle is modified</p>	<p><i>Q</i></p> <p><i>1</i></p> <p><i>Q</i></p> <p>FUEL SYSTEM</p> <p>35. Location of Fuel Tank-1 Filler Cap</p> <p>36. Location of Fuel Tank-2 Filler Cap</p> <p>(0) No fuel tank (1) On back plane (2) Aft of center of the rear wheels (rear axle) on left side plane (3) Aft of center of the rear wheels (rear axle) on right side plane (4) Forward of center of the rear wheels (rear axle) on left side plane (5) Forward of center of the rear wheels (rear axle) on right side plane (6) Over the center of the rear wheels (rear axle) on left side plane (7) Over the center of the rear wheels (rear axle) on right side plane (8) Other (specify): _____ (9) Unknown</p> <p>37. Type of Fuel Tank-1</p> <p>38. Type of Fuel Tank-2</p> <p>(0) No fuel tank (electrical vehicle) (1) Metallic (2) Non-metallic (9) Unknown</p> <p>39. Location of Fuel Tank-1</p> <p>40. Location of Fuel Tank-2</p> <p>(0) No fuel tank (1) Aft of center of the rear wheels (rear axle) centered (2) Aft of center of the rear wheels (rear axle) left side (3) Aft of center of the rear wheels (rear axle) right side (4) Forward of center of the rear wheels (rear axle) centered (5) Forward of center of the rear wheels (rear axle) left side (6) Forward of center of the rear wheels (rear axle) right side (7) Over center of the rear wheels (rear axle) (8) Other (specify): _____ (9) Unknown</p>
<p>41. Damage to Fuel Tank-1</p> <p>42. Damage to Fuel Tank-2</p> <p>(0) No fuel tank (1) No damage to fuel tank (2) Deformed, no seam failure (3) Deformed, with a seam failure (4) Punctured (5) Lacerated (ripped) (6) Abraded (scraped) (7) Filler neck separation from the fuel tank (8) Other damage (specify): _____ (9) Unknown</p>	<p><i>1</i></p> <p><i>0</i></p> <p><i>1</i></p> <p><i>2</i></p>

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED ***

(GV10=0)

DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



INTERIOR VEHICLE FORM

GLAZING

1. Primary Sampling Unit Number

74
19 55
02

2. Case Number - Stratum

3. Vehicle Number

INTEGRITY

4. Passenger Compartment Integrity

16

(00) No integrity loss

Yes, Integrity Was Lost Through

- (01) Windshield
- (02) Door (side)
- (03) Door/hatch (back door)
- (04) Roof
- (05) Roof glass
- (06) Side window
- (07) Rear window (backlight)
- (08) Roof and roof glass
- (09) Windshield and door (side)
- (10) Windshield and roof
- (11) Side and rear window (side window and backlight)
- (12) Windshield and side window
- (13) Door and side window
- (98) Other combination of above (specify):

(99) Unknown

Door, Tailgate or Hatch Opening

5. LF / 6. RF / 7. LR 0 8. RR 0 9. TG/H 0

- (0) No door/gate/hatch
- (1) Door/gate/hatch remained closed and operational
- (2) Door/gate/hatch came open during collision
- (3) Door/gate/hatch jammed shut
- (8) Other (specify):

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 ≠ 2, Then code Ø

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

(0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

- (1) Door operational (no damage)
- (2) Latch/striker failure due to damage
- (3) Hinge failure due to damage
- (4) Door structure failure due to damage
- (5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage
- (6) Latch/striker and hinge failure due to damage
- (8) Other failure (specify):

(9) Unknown

Type of Window/Windshield Glazing

15. WS 1 16. LF 2 17. RF 2 18. LR 2 19. RR 2

20. BL 2 21. Roof 0 22. Other 0

- (0) No glazing
- (1) AS-1 — Laminated
- (2) AS-2 — Tempered
- (3) AS-3 — Tempered-tinted (original)
- (4) AS-2 — Tempered-with after market tint
- (5) AS-3 — Tempered-tinted (with additional after market tint)
- (6) AS-14 — Glass/Plastic
- (7) Glazing removed prior to accident
- (8) Other (specify):

(9) Unknown

Window Precrash Glazing Status

23. WS 1 24. LF 2 25. RF 2 26. LR 1 27. RR 1

28. BL 1 29. Roof 2 30. Other 0

- (0) No glazing
- (1) Fixed
- (2) Closed
- (3) Partially opened
- (4) Fully opened
- (7) Glazing removed prior to accident
- (9) Unknown

Glazing Damage from Impact Forces

31. WS 2 32. LF 6 33. RF 1 34. LR 1 35. RR 1

36. BL 1 37. Roof 1 38. Other 0

- (0) No glazing
- (1) No glazing damage from impact forces
- (2) Glazing in place and cracked from impact forces
- (3) Glazing in place and holed from impact forces
- (4) Glazing out-of-place (cracked or not) and not holed from impact forces
- (5) Glazing out-of-place and holed from impact forces
- (6) Glazing disintegrated from impact forces
- (7) Glazing removed prior to accident
- (9) Unknown if damaged

Glazing Damage from Occupant Contact

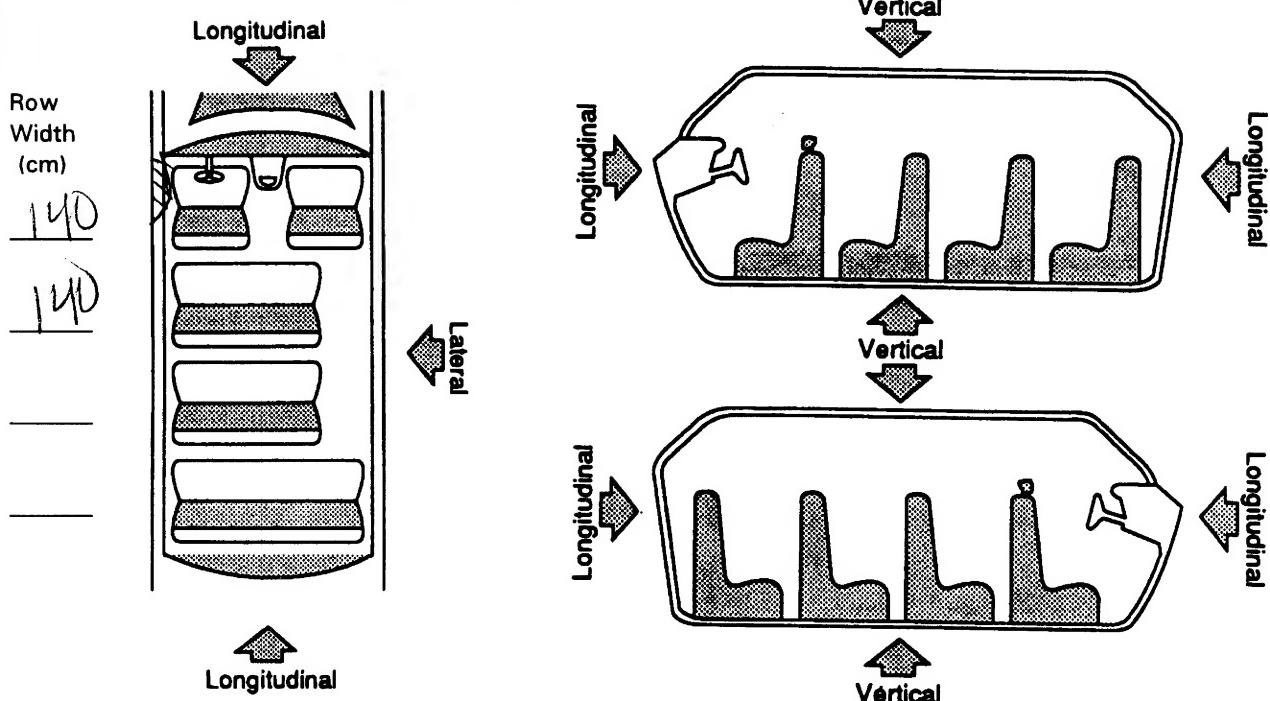
39. WS 2 40. LF 1 41. RF 1 42. LR 1 43. RR 1

44. BL 1 45. Roof 1 46. Other 0

- (0) No glazing
- (1) No occupant contact to glazing
- (2) Glazing contacted by occupant but no glazing damage
- (3) Glazing in place and cracked by occupant contact
- (4) Glazing in place and holed by occupant contact
- (5) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact
- (6) Glazing out-of-place by occupant contact and holed by occupant contact
- (7) Glazing removed prior to accident
- (8) Glazing disintegrated by occupant contact
- (9) Unknown if contacted by occupant

INTRUSION WORKSHEET

NOTE: SKETCH INTRUDED AREAS



LOCATION OF INTRUSION	INTRUDED COMPONENT	COMPARISON VALUE	-	INTRUDED VALUE	=	INTRUSION	DOMINANT CRUSH DIRECTION
LF	DOOR	69	-	61	=	8	(PT)
LF	SILL	74	-	64	=	10	(PT)
LF	A PILLAR	103	-	58	=	5	(PT)
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. <u>11</u>	48. <u>18</u>	49. <u>2</u>	50. <u>3</u>
2nd	51. <u>11</u>	52. <u>11</u>	53. <u>1</u>	54. <u>3</u>
3rd	55. <u>11</u>	56. <u>06</u>	57. <u>+</u>	58. <u>3</u>
4th	59. _____	60. _____	61. _____	62. _____
5th	63. _____	64. _____	65. _____	66. _____
6th	67. _____	68. _____	69. _____	70. _____
7th	71. _____	72. _____	73. _____	74. _____
8th	75. _____	76. _____	77. _____	78. _____
9th	79. _____	80. _____	81. _____	82. _____
10th	83. _____	84. _____	85. _____	86. _____

LOCATION OF INTRUSION

Front Seat
 (11) Left
 (12) Middle
 (13) Right

Fourth Seat
 (41) Left
 (42) Middle
 (43) Right

Second Seat
 (21) Left
 (22) Middle
 (23) Right

(97) Catastrophic
 (98) Other enclosed
area (specify)
 (99) Unknown

Third Seat
 (31) Left
 (32) Middle
 (33) Right

INTRUDING COMPONENT*Interior Components*

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Side panel - forward of the A1/A2-pillar
- (11) Door panel (side)
- (12) Side panel - rear of the B-pillar
- (13) Roof (or convertible top)
- (14) Roof side rail
- (15) Windshield
- (16) Windshield header
- (17) Window frame
- (18) Floor pan (includes sill)
- (19) Backlight header
- (20) Front seat back
- (21) Second seat back
- (22) Third seat back
- (23) Fourth seat back
- (24) Fifth seat back
- (25) Seat cushion
- (26) Back door/panel (e.g., tailgate)
- (27) Other interior component (specify): _____

Exterior Components

- (30) Hood
- (31) Outside surface of this vehicle (specify): _____
- (32) Other exterior object in the environment (specify): _____
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify): _____
- (99) Unknown

MAGNITUDE OF INTRUSION

- (1) ≥ 3 centimeters but < 8 centimeters
- (2) ≥ 8 centimeters but < 15 centimeters
- (3) ≥ 15 centimeters but < 30 centimeters
- (4) ≥ 30 centimeters but < 46 centimeters
- (5) ≥ 46 centimeters but < 61 centimeters
- (6) ≥ 61 centimeters
- (7) Catastrophic
- (9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

COMPARISON VALUE	-	DAMAGE VALUE	=	DEFORMATION
20	-	20	=	0
	-		=	
	-		=	
	-		=	

STEERING COLUMN

INSTRUMENT PANEL

87. Steering Column Type 2
- Fixed column
 - Tilt column
 - Telescoping column
 - Tilt and telescoping column
 - Other column type (specify): _____
 - Unknown

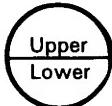
88. Tilt Steering Column Adjustment 3
- No tilt steering column
 - Full up
 - Between full up and center
 - Center
 - Between center and full down
 - Full down
 - Unknown

89. Telescoping Steering Column Adjustment 0
- No telescoping steering column
 - Full back
 - Between full back and midpoint
 - Midpoint
 - Between midpoint and full forward
 - Full forward
 - Unknown

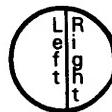
90. Steering Rim/Spoke Deformation 00
Code actual measured
deformation to the nearest centimeter
(00) No steering rim deformation
(01-14) Actual measured value in centimeters
(15) 15 centimeters or more
(98) Observed deformation cannot be measured
(99) Unknown

91. Location of Steering Rim/Spoke Deformation 00
(00) No steering rim deformation

- Quarter Sections*
(01) Section A
(02) Section B
(03) Section C
(04) Section D



- Half Sections*
(05) Upper half of rim/spoke
(06) Lower half of rim/spoke
(07) Left half of rim/spoke
(08) Right half of rim/spoke



- (09) Complete steering wheel collapse
(10) Undetermined location
(99) Unknown

92. Odometer Reading 0 93,000

kilometers
Code to the nearest 1,000 kilometers
(000) No odometer
(001) Less than 1,500 kilometers
(500) 499,500 kilometers or more
(999) Unknown
57,893 miles X 1.6093 = 92684 kilometers

Source: _____

93. Instrument Panel Damage from Occupant Contact? 0
(0) No
(1) Yes
(9) Unknown

94. Type of Knee Bolster Covering 1
(0) No knee bolster
(1) Padded
(2) Rigid plastic
(8) Other (specify): _____
(9) Unknown

95. Knee Bolsters Deformed from Occupant Contact? 1
(0) No knee bolster
(1) No deformation
(2) Yes - deformation
(9) Unknown

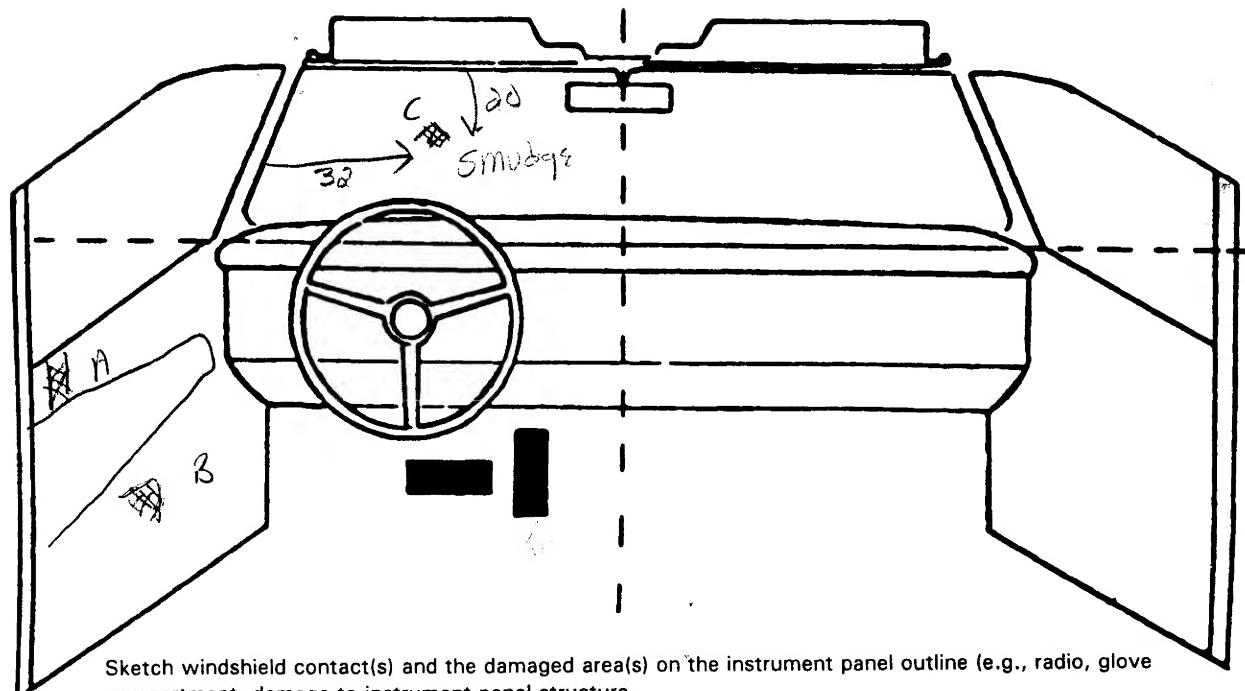
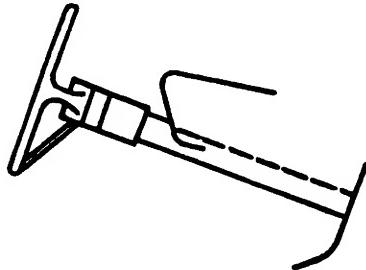
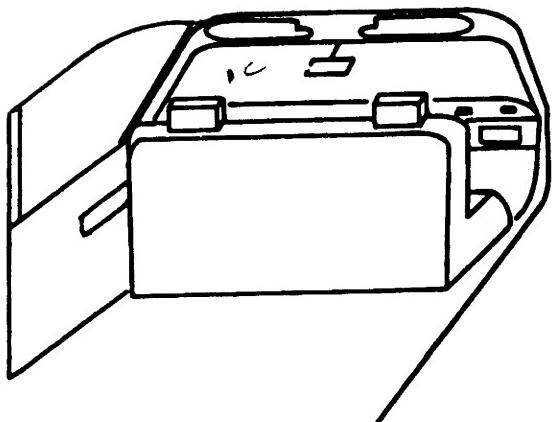
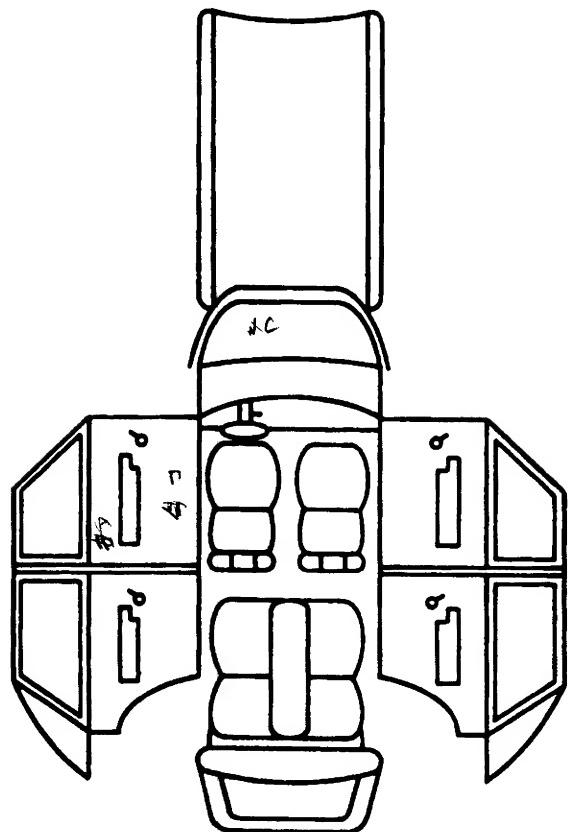
96. Did Glove Compartment Door Open During Collision(s)? 1
(0) No glove compartment door
(1) No - door did not open
(2) Yes - door opened
(9) Unknown

97. Adaptive (Assistive) Driving Equipment 0
(0) No adaptive driving equipment
(1) Adaptive driving equipment installed
(Check all that apply.)
[] Hand controls for braking/acceleration
[] Steering control devices (attached to OEM steering wheel)
[] Steering knob attached to steering wheel
[] Low effort power steering (unit or device)
[] Replacement steering wheel (i.e., reduced diameter)
[] Joy-stick steering controls
[] Wheelchair tie-downs
[] Modification to seat belts (specify):
[] Additional or relocated switches (specify):
[] Raised roof
[] Wall-mounted head rest (used behind wheelchair)
[] Other adaptive device (specify):

(9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	051	1	Side	smudge	3
B	052	1	side	smudge	3
C	001	1	Hand	smudge	3
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

CODES FOR INTERIOR COMPONENTS

- FRONT**
- (001) Windshield
 - (002) Mirror
 - (003) Sunvisor
 - (004) Steering wheel rim
 - (005) Steering wheel hub/spoke
 - (006) Steering wheel (combination of codes 004 and 005)
 - (007) Steering column/transmission selector lever, other attachment
 - (008) Cellular telephone or CB radio
 - (009) Add on equipment(e.g., tapedeck, air conditioner)
 - (010) Left instrument panel and below
 - (011) Center instrument panel and below
 - (012) Right instrument panel and below
 - (013) Glove compartment door
 - (014) Knee bolster
 - (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
 - (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
 - (017) Windshield reinforced by exterior object, (specify):
 - (019) Other front object (specify):

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify): _____
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify): _____

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests
- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify): _____
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify): _____

INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify): _____
- (155) Head restraint system
- (160) Other occupants (specify): _____
- (161) Interior loose objects
- (162) Child safety seat (specify): _____
- (163) Other interior object (specify): _____

AIR BAG

- (170) Air bag-driver side
- (175) Air bag compartment cover-driver side
- (180) Air bag-passenger side
- (185) Air bag compartment cover-passenger side
- (190) Other air bag (specify)
- (195) Other air bag compartment cover (specify)

ROOF

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify): _____

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify): _____
- (409) Additional or relocated switches, (specify): _____
- (410) Raised roof
- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify): _____

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a child safety seat is present, encode the data on the back of this page 11.

If the vehicle has automatic restraints available, encode the appropriate data on page 6.

		Left	Center	Right
F I R S T	A-Availability	3		3
	B-Evidence of usage	3		3
	C-Used in this crash?	0		0
	D-Proper Use	9		0
	E-Failure Modes	0		0
	F-Anchorage Adjustment	0		0
S E C O N D	A-Availability	4		4
	B-Evidence of usage	0		0
	C-Used in this crash?	0		0
	D-Proper Use	0		0
	E-Failure Modes	0		0
	F-Anchorage Adjustment	0		0
O T H E R	A-Availability			
	B-Evidence of usage			
	C-Used in this crash?			
	D-Proper Use			
	E-Failure Modes			
	F-Anchorage Adjustment			

A-Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify): _____

(9) Unknown

B/C-Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify): _____

(02) Shoulder belt

(03) Lap belt

(04) Lap and shoulder belt

(05) Belt used - type unknown

(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat

(13) Lap belt used with child safety seat

(14) Lap and shoulder belt used with child safety seat

(15) Belt used with child safety seat - type unknown

(18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used

D-Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____
- (8) Other improper use of manual belt system (specify): _____

(9) Unknown

E-Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other manual belt failure (specify): _____
- (9) Unknown

F-Shoulder Belt Upper Anchorage Adjustment

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

		Frontal Air Bags--Left Front	Frontal Air Bags-Right Front	Other Air Bag
F	Availability/Function	X	X	
I	Deployment	X	X	
R	Failure			

Air Bag System Availability/Function

- (0) Not equipped/not available
- (1) Air bag

- Non-functional*
- (2) Air bag disconnected (specify): _____
- (3) Air bag not reinstalled
- (9) Unknown

Air Bag System Deployment (This Occupant Position)

- (0) Not equipped/not available
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, accident sequence undetermined
- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (5) Unknown if deployed
- (7) Nondeployed
- (9) Unknown

Are There Indications of Air Bag System Failure? (This Occupant Position)

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____
- (9) Unknown

AUTOMATIC BELTS

		Left	Right
F	A-Availability/Function	/	/
I	B-Use	/	/
R	C-Type	Z	Z
S	D-Proper Use	/	/
T	E-Failure Modes	/	/

A-Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

B-Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative)
- (3) Automatic belt use unknown
- (9) Unknown

C-Automatic (Passive) Belt System Type

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

D-Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____

E-Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other automatic belt failure (specify): _____
- (9) Unknown

(8) Other improper use of automatic belt system

(specify): _____

(9) Unknown

FIRST SEAT FRONTAL AIR BAGS

NOTES: Encode the applicable data **for the driver and first seat passenger** in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

	Driver	Passenger
A-Type of air bag?		
B-Flaps open at tear points?	X	X
C-Flaps damaged?	X	
D-Air bag damaged?	X	X
E-Source of air bag damage	X	
F-Air bag tethered?		X
G-Air bag have vent ports?		
H-Other occupant contact air bag?		
I-Occupant wearing eyewear?		

A-Type of Air Bag

- (0) Not equipped/not available
- (1) Original manufacturer installed system
- (2) Retrofitted air bag
- (3) Replacement air bag
- (8) Unknown type of air bag
- (9) Unknown

B-Did Air Bag Module Cover Flap(s) Open At Designated Tear Points?

- (0) Not equipped/not available
- (1) No
- (2) Yes
- (3) Deployed, unknown if flap(s) opened at designated tear points
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

C-Were Air Bag Module Cover Flap(s) Damaged?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if air bag module cover flap(s) damaged
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

D-Was There Damage To The Air Bag?

- (00) Not equipped/not available
- (01) Not damaged
- Yes - Air Bag Damage
 - (02) Ruptured
 - (03) Cut
 - (04) Torn
 - (05) Holed
 - (06) Burned
 - (07) Abraded
 - (88) Other damage (specify):

E-Source of Air Bag Damage

- (00) Not equipped/not available
- (01) Not damaged
- (02) Object worn by occupant, (specify):
- (03) Object carried by occupant, (specify):
- (04) Adaptive/assistive controls, (specify):
- (05) Fire in vehicle
- (06) Thermal burns
- (07) Rescue or emergency efforts
- (88) Other damage source (specify):
- (95) Damaged, unknown source
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

F-Was The Air Bag Tethered?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of tether straps):
 - (3) Deployed, unknown if tethered
 - (7) Not deployed
 - (8) Unknown if deployed
 - (9) Unknown

G-Did The Air Bag Have Vent Ports?

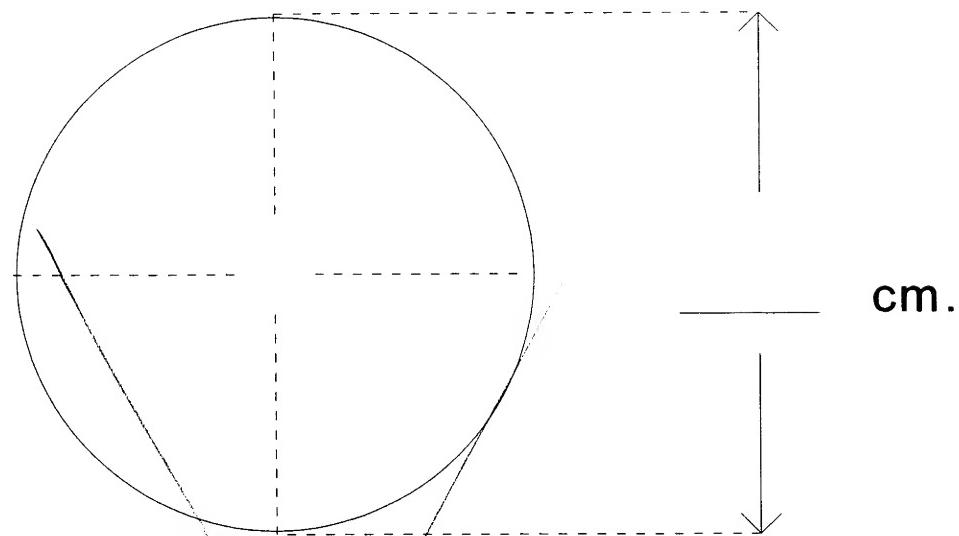
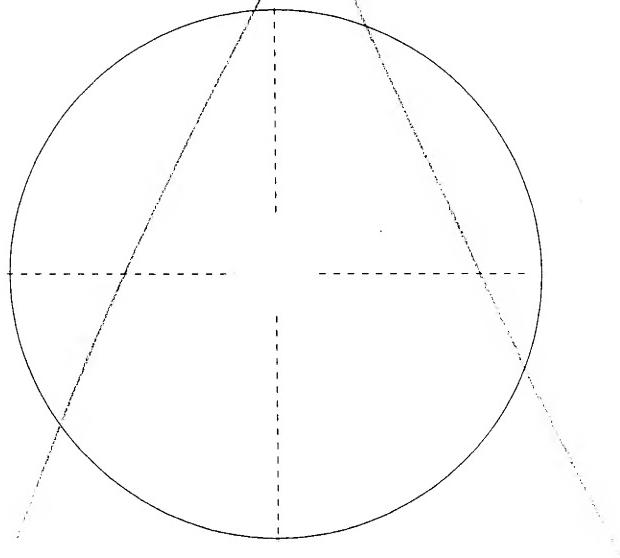
- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of vent ports):
 - (3) Deployed, unknown if vent ports present
 - (7) Not deployed
 - (8) Unknown if deployed
 - (9) Unknown

H-Was the Air Bag in this Occupant's Position Contacted by Another Occupant?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
 - (3) Deployed, unknown if other occupant contact to air bag
 - (7) Not deployed
 - (8) Unknown if deployed
 - (9) Unknown

I-Was This Occupant Wearing Eye-wear?

- (0) Not equipped/not available
- (1) No
- (2) Eyeglasses/sunglasses
- (3) Contact lenses
- (4) Deployed, unknown if eyewear worn
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

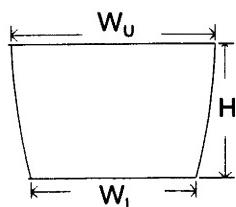
DRIVER AIR BAG DAMAGE AND CONTACT SKETCHES**1. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Front)****2. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Back)**

DRIVER AIR BAG SKETCHES (Cont'd)

3. DRIVER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

width (W_u) _____ width (W_L) _____

height (H) _____



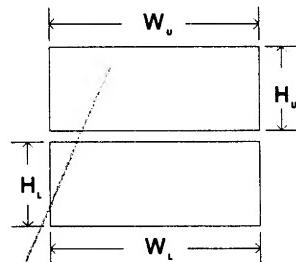
4. DRIVER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

b. Lower Flap

width (W_u) _____ width (W_L) _____

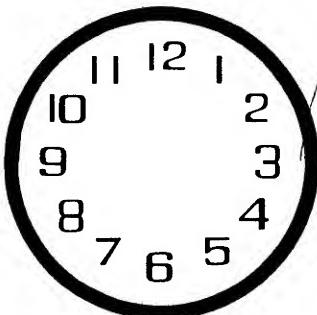
height (H_u) _____ height (H_L) _____

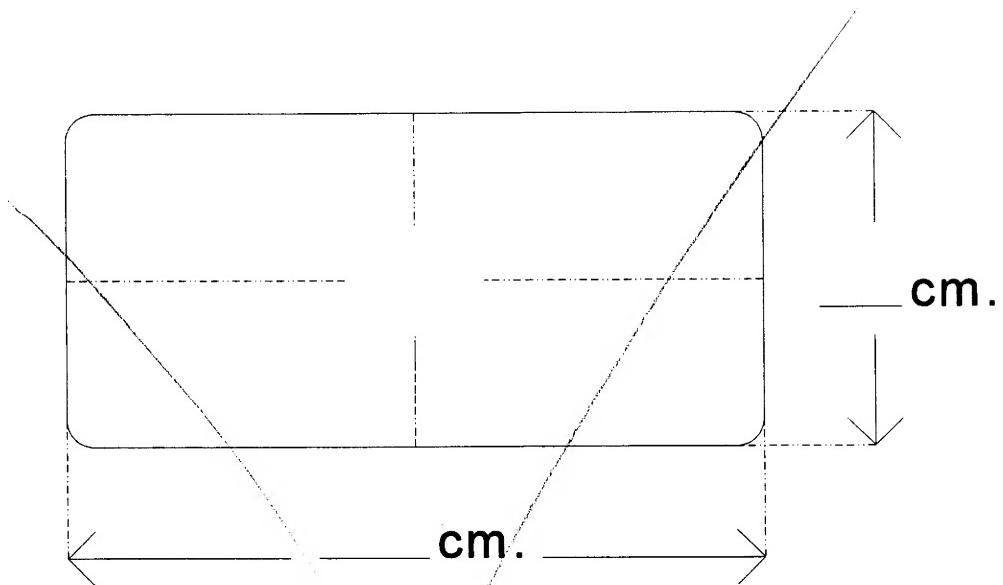
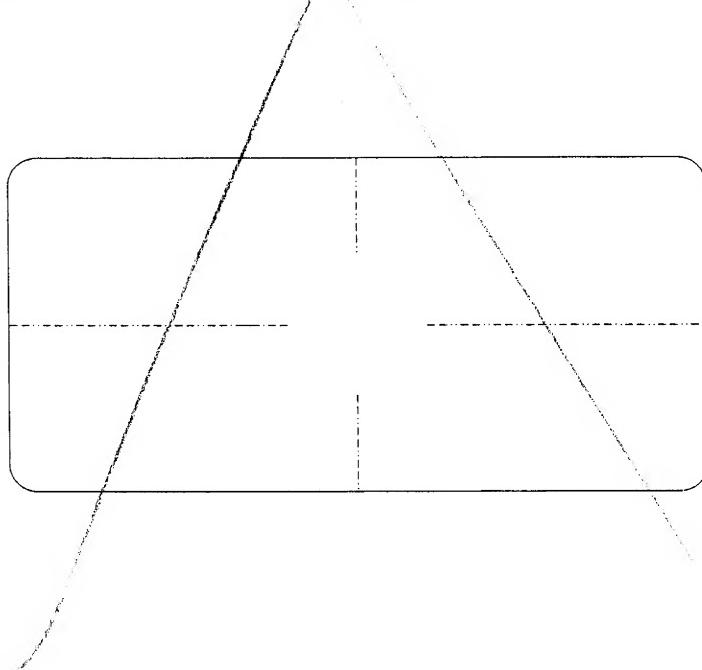


5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

7. SKETCH LOCATION OF CIRCULAR AIR BAG VENT PORTS



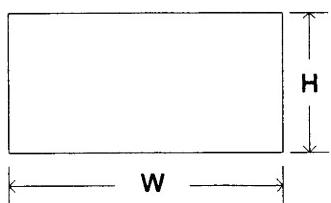
PASSENGER AIR BAG DAMAGE AND CONTACT SKETCHES**1. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Front)****2. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Back)**

PASSENGER AIR BAG SKETCHES (Cont'd)

3. PASSENGER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

width (W) _____

height (H) _____

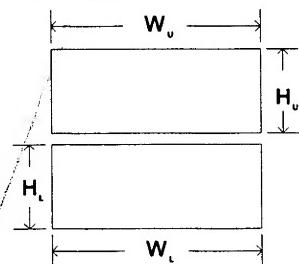


4. PASSENGER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

width (W_u) _____ width (W_l) _____

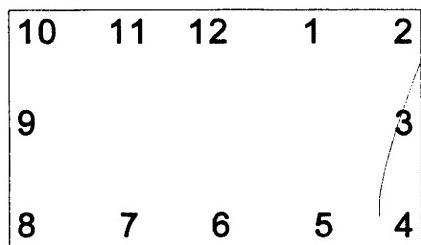
height (H_u) _____ height (H_l) _____



5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

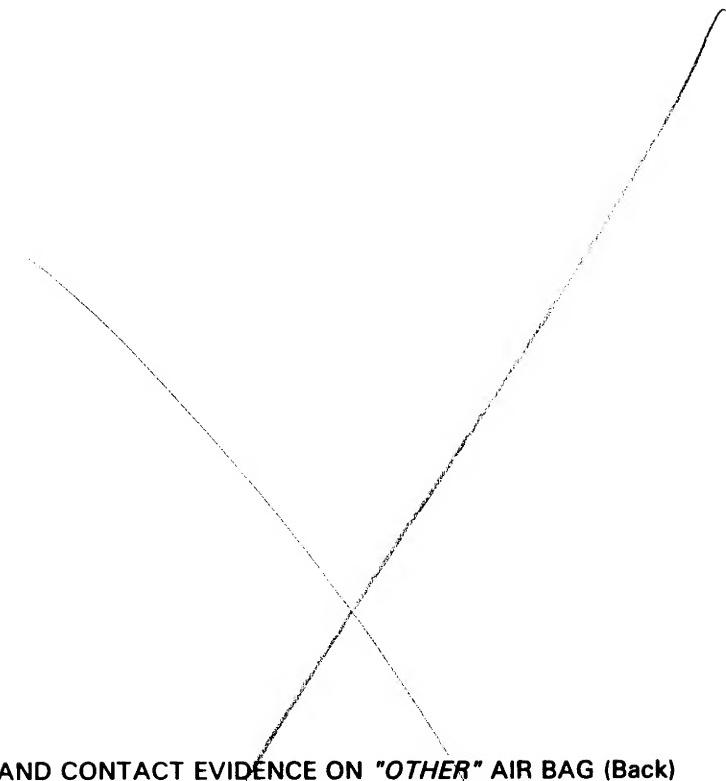
6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

7. SKETCH LOCATION OF RECTANGULAR AIR BAG VENT PORTS

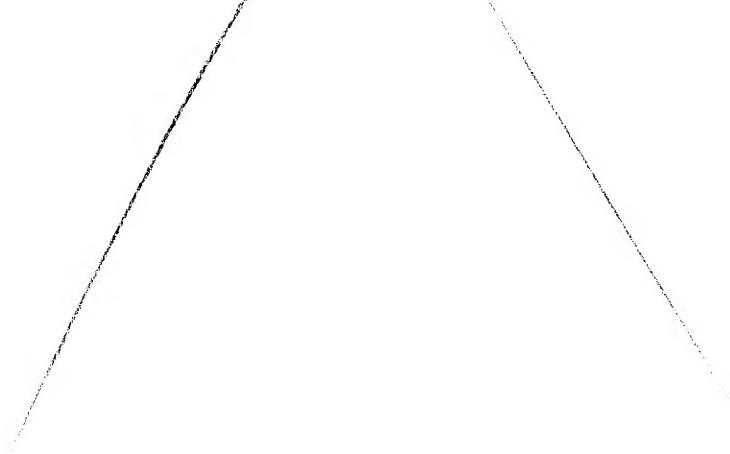


"OTHER" AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Front)



2. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Back)



"OTHER" AIR BAG SKETCHES (Cont'd)

3. SKETCH AIR BAG MODULE FLAP AND SIZE OR OPENING FOR AIRBAG



4. SKETCH AIR BAG VENT PORTS

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found on the next page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
F I R S T	A-Head Restraint Type/Damage	3		3
	B-Seat Type	2		2
	C-Seat Orientation	1		1
	D-Seat Track Position	6		4
	E-Seat Back Incline Pre/Post Impact	23		23
	F-Seat Performance	1		1
S E C O N D	A-Head Restraint Type/Damage	0		0
	B-Seat Type	67		07
	C-Seat Orientation	1		1
	D-Seat Track Position	0		0
	E-Seat Back Incline Pre/Post Impact	0		0
	F-Seat Performance	0		0
T H I R D	A-Head Restraint Type/Damage			
	B-Seat Type			
	C-Seat Orientation			
	D-Seat Track Position			
	E-Seat Back Incline Pre/Post Impact			
	F-Seat Performance			
O T H E R	A-Head Restraint Type/Damage			
	B-Seat Type			
	C-Seat Orientation			
	D-Seat Track Position			
	E-Seat Back Incline Pre/Post Impact			
	F-Seat Performance			

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE

(I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

HEAD RESTRAINTS/SEAT EVALUATION

A-Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other
Specify): _____
- (9) Unknown

B-Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Box mounted seat (i.e., van type)
- (10) Other seat type (specify): _____
- (99) Unknown

C-Seat Orientation (this Occupant Position)

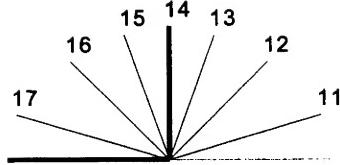
- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____
- (9) Unknown

D-Seat Track Adjusted Position Prior To Impact

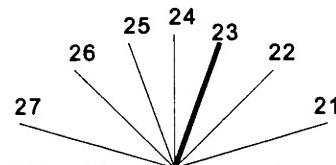
- (0) Occupant not seated or no seat
- (1) Non-adjustable seat track
- Adjustable Seat Track*
- (2) Seat at forward most track position
- (3) Seat between forward most and middle track positions
- (4) Seat at middle track position
- (5) Seat between middle and rear most track positions
- (6) Seat at rear most track position
- (9) Unknown

E-Seat Back Incline Prior and Post Impact

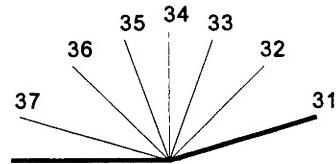
- (00) Occupant not seated or no seat
- (01) Not adjustable
- Upright prior to impact*
- (11) Moved to completely rearward position
- (12) Moved to rearward midrange position
- (13) Moved to slightly rearward position
- (14) Retained pre-impact position
- (15) Moved to slightly forward position
- (16) Moved to forward midrange position
- (17) Moved to completely forward position



- Slightly reclined prior to impact*
- (21) Moved to completely rearward position
- (22) Moved to rearward midrange position
- (23) Retained pre-impact position
- (24) Moved to upright position
- (25) Moved to slightly forward position
- (26) Moved to forward midrange position
- (27) Moved to completely forward position

*Completely reclined prior to impact*

- (31) Retained pre-impact position
- (32) Moved to rearward midrange position
- (33) Moved to slightly rearward position
- (34) Moved to upright position
- (35) Moved to slightly forward position
- (36) Moved to forward midrange position
- (37) Moved to completely forward position
- (99) Unknown



Coding diagrams for *Seat Back Incline Position Prior and Post Impact*

F-Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): _____
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

DESCRIBE ANY INDICATION OF

ABNORMAL OCCUPANT POSTURE

(I.E., UNUSUAL OCCUPANT

CONTACT PATTERN)

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number						
1. Type of Child Safety Seat						
2. Child Safety Seat Orientation						
3. Child Safety Seat Harness Usage			X			
4. Child Safety Seat Shield Usage			X			
5. Child Safety Seat Tether Usage			X			
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat					

1. Type of Child Safety Seat

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify):

- (8) Unknown child safety seat type
- (9) Unknown if child safety seat used

2. Child Safety Seat Orientation

- (00) No child safety seat
- Designed for Rear Facing for This Age/Weight
- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify):

- (09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify):

- (29) Unknown orientation

- (99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage

4. Child Safety Seat Shield Usage

5. Child Safety Seat Tether Usage

Note: Options Below Are Used for Variables 3-5.

- (00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

6. Child Safety Seat Make/Model
(Specify make/model and occupant number)

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No Yes

Describe indications of ejection and body parts involved in partial ejection(s):

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

Ejection (1) Complete ejection (2) Partial ejection (3) Ejection, Unknown degree (9) Unknown	(7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): <hr/> (9) Unknown	(5) Integral structure (8) Other medium (specify): <hr/> (9) Unknown
Ejection Area (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear	Ejection Medium (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify): <hr/>	Medium Status (Immediately Prior to Impact) (1) Open (2) Closed (3) Integral structure (9) Unknown

ENTRAPMENT No Yes

Describe entrapment mechanism:

Component(s):

(Note on vehicle interior sketch)



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number 24
2. Case Number - Stratum 195J
3. Vehicle Number 02
4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 22
Code actual age at time of accident.
(00) Less than one year old (specify by month):

(97) 97 years and older
(99) Unknown
6. Occupant's Sex 2
(1) Male
(2) Female-not reported pregnant
(3) Female-pregnant-1st trimester(1st-3rd month)
(4) Female-pregnant-2nd trimester(4th-6th month)
(5) Female-pregnant-3rd trimester(7th-9th month)
(6) Female-pregnant-term unknown
(9) Unknown
7. Occupant's Height 150
Code actual height to the nearest centimeter.
(999) Unknown

59 inches X 2.54 = 150 centimeters
8. Occupant's Weight 052
Code actual weight to the nearest kilogram.
(999) Unknown

115 pounds X .4536 = 052 kilograms
9. Occupant's Role 1
(1) Driver
(2) Passenger
(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position 11
Front Seat
(11) Left side
(12) Middle
(13) Right side
(14) Other (specify): _____
(15) On or in the lap of another occupant
- Second Seat*
(21) Left side
(22) Middle
(23) Right side
(24) Other (specify): _____
(25) On or in the lap of another occupant
- Third Seat*
(31) Left side
(32) Middle
(33) Right side
(34) Other (specify): _____
(35) On or in the lap of another occupant
- Fourth Seat*
(41) Left side
(42) Middle
(43) Right side
(44) Other (specify): _____
(45) On or in the lap of another occupant
- (97) In or on unenclosed area
(98) Other seat (specify): _____
(99) Unknown
11. Occupant's Posture 0
(0) Normal posture
Abnormal posture
(1) Kneeling or standing on seat
(2) Lying on or across seat
(3) Kneeling, standing or sitting in front of seat
(4) Sitting sideways or turned to talk with another occupant or to look out a rear window
(5) Sitting on a console
(6) Lying back in a reclined seat position
(7) Bracing with feet or hands on a surface in front of seat
(8) Other abnormal posture (specify): _____
(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

- (5) Integral structure
- (8) Other medium (specify):

- (9) Unknown

15. Medium Status (Immediately Prior To Impact)

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

17. Occupant Mobility

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons
(specify): _____
- (9) Unknown

BELT SYSTEM FUNCTION

- | | | | |
|--|----|---|---|
| <p>18. Manual (Active) Belt System Availability</p> <p>(0) None available
 (1) Belt removed/destroyed
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt available—type unknown</p> <p><i>Integral Belt Partially Destroyed</i></p> <p>(6) Shoulder belt (lap belt destroyed/removed)
 (7) Lap belt (shoulder belt destroyed/removed)
 (8) Other belt (specify): _____</p> <p>(9) Unknown</p> | 3 | <p>22. Manual Shoulder Belt Upper Anchorage Adjustment</p> <p>(0) No manual shoulder belt
 (1) No upper anchorage adjustment for manual shoulder belt</p> <p><i>Adjustable shoulder Belt Upper Anchorage</i></p> <p>(2) In full up position
 (3) In mid position
 (4) In full down position
 (5) Position unknown
 (9) Unknown if position has adjustable upper anchorage adjustment</p> | 0 |
| <p>19. Manual (Active) Belt System Use</p> <p>(00) None used, not available, or belt removed/destroyed
 (01) Inoperative (specify): _____</p> <p>(02) Shoulder belt
 (03) Lap belt
 (04) Lap and shoulder belt
 (05) Belt used—type unknown
 (08) Other belt used (specify): _____</p> <p>(12) Shoulder belt used with child safety seat
 (13) Lap belt used with child safety seat
 (14) Lap and shoulder belt used with child safety seat
 (15) Belt used with child safety seat—type unknown
 (18) Other belt used with child safety seat (specify): _____
 (99) Unknown if belt used</p> | 03 | <p>23. Automatic (Passive) Belt System Availability/Function</p> <p>(0) Not equipped/not available
 (1) 2 point automatic belts
 (2) 3 point automatic belts
 (3) Automatic belts - type unknown</p> <p><i>Non-functional</i></p> <p>(4) Automatic belts destroyed or rendered inoperative
 (9) Unknown</p> | 1 |
| <p>20. Proper Use of Manual (Active) Belts</p> <p>(0) None used or not available
 (1) Belt used properly
 (2) Belt used properly with child safety seat</p> <p><i>Belt Used Improperly</i></p> <p>(3) Shoulder belt worn under arm
 (4) Shoulder belt worn behind back or seat
 (5) Belt worn around more than one person
 (6) Lap belt worn on abdomen
 (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____
 (8) Other improper use of manual belt system (specify): _____
 (9) Unknown</p> | 1 | <p>24. Automatic (Passive) Belt System Use</p> <p>(0) Not equipped/not available/destroyed or rendered inoperative
 (1) Automatic belt in use
 (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____
 (3) Automatic belt use unknown
 (9) Unknown</p> | 1 |
| <p>21. Manual (Active) Belt Failure Modes During Accident</p> <p>(0) No manual belt used or not available
 (1) No manual belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify): _____
 (6) Broken retractor
 (7) Combination of above (specify): _____
 (8) Other manual belt failure (specify): _____
 (9) Unknown</p> | 1 | <p>25. Automatic (Passive) Belt System Type</p> <p>(0) Not equipped/not available
 (1) Non-motorized system
 (2) Motorized system
 (9) Unknown</p> <p>26. Proper Use of Automatic (Passive) Belt System</p> <p>(0) Not equipped/not available/not used
 (1) Automatic belt used properly
 (2) Automatic belt used properly with child safety seat</p> <p><i>Automatic Belt Used Improperly</i></p> <p>(3) Automatic shoulder belt worn under arm
 (4) Automatic shoulder belt worn behind back
 (5) Automatic belt worn around more than one person
 (6) Lap portion of automatic belt worn on abdomen
 (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____
 (8) Other improper use of automatic belt system (specify): _____
 (9) Unknown</p> | 2 |
| <p>27. Automatic (Passive) Belt Failure Modes During Accident</p> <p>(0) Not equipped/not available/not in use
 (1) No automatic belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify): _____
 (6) Broken retractor
 (7) Combination of above (specify): _____
 (8) Other automatic belt failure (specify): _____
 (9) Unknown</p> | 1 | | |

POLICE REPORTED RESTRAINT USE	AIR BAG SYSTEM FUNCTION
<p>28. Police Reported Belt Use 4</p> <p>(0) None used (1) Police did not indicate belt use (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt used, type not specified (6) Child safety seat (7) Automatic belt (8) Other type belt, (specify): (9) Police indicated "unknown"</p> <hr/> <p>29. Police Reported Air Bag Availability/Function D</p> <p>(0) No air bag available (1) Police did not indicate air bag availability/function (2) Deployed (3) Not deployed (4) Unknown if deployed (9) Police indicated "unknown"</p>	<p>30. Frontal Air Bag System Availability/Function (This Occupant Position) C</p> <p>(0) Not equipped/not available (1) Air bag <i>Non-functional</i> (2) Air bag disconnected (specify): (3) Air bag not reinstalled (9) Unknown</p> <p>31. Frontal Air Bag System Deployment (This Occupant Position) D</p> <p>(0) Not equipped/not available (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown</p> <p>32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) C</p> <p>(0) Not equipped/not available (1) Air bag <i>Non-functional</i> (2) Air bag disconnected (specify): (3) Air bag not reinstalled (9) Unknown <i>Specify type of "other" air bag present:</i> <hr/> </p> <p>33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) C</p> <p>(0) Not equipped with an "other" air bag (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown</p> <p>34. Are There Indications of Air Bag System Failure? (This Occupant Position) C</p> <p>(0) Not equipped/not available (1) No (2) Yes (specify): (9) Unknown</p>

Check the Primary Source Used In Determining Belt Use.

- Vehicle inspection
 Official injury data
 Driver/occupant interview
 Other (specify):

 Unknown if belt used
-
-
-
-

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)?

- (0) Not equipped/not available
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

36. Type of Air Bag

- (0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System?

- (0) Not equipped/not available
(1) No prior maintenance
(2) Yes, prior maintenance (specify):

(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number

- (00) Not equipped/not available
_____ Code the accident event sequence number that initiated the air bag deployment
(96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact

- (0) Not equipped/not available
(1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify):

(6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

40. Longitudinal Component of

Delta V For Air Bag

Deployment Impact

- (_000) Not equipped/not available
Code the value of the delta V for the impact that initiated the air bag deployment
(_996) Deployment, unknown longitudinal Delta V
(_997) Not deployed
(_998) Unknown if deployed
(_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points?

- (0) Not equipped/not available
(1) No
(2) Yes
(3) Deployed, unknown if flap(s) opened at designated tear points
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged?

- (0) Not equipped/not available
(1) No
(2) Yes (specify): _____
(3) Deployed, unknown if air bag module cover flap(s) damaged
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

43. Was There Damage To The Air Bag?

- (00) Not equipped/not available
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
(03) Cut
(04) Torn
(05) Holed
(06) Burned
(07) Abraded
(88) Other damage (specify):

(95) Damaged, details unknown
(96) Deployed, unknown if damaged
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION *continued***

44. Source of Air Bag Damage 00
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):

 (03) Object carried by occupant, (specify):

 (04) Adaptive/assistive controls, (specify):

 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (08) Other damage source (specify):

 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):

 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):

 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position
Contacted by Another Occupant? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):

 (3) Deployed, unknown if other occupant contact
to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 2
 (0) Not air bag equipped/air bag not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION

49. Head Restraint Type/Damage by Occupant
at This Occupant Position 3
 (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):

 (9) Unknown
50. Seat Type (this Occupant Position) 02
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):

 (99) Unknown

51. Seat Orientation (this Occupant Position) 1
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):

 (9) Unknown

52. Seat Track Adjusted Position Prior To Impact 4
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track

Adjustable Seat Track

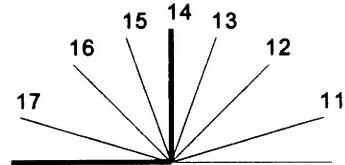
- (2) Seat at forward most track position
- (3) Seat between forward most and middle track positions
- (4) Seat at middle track position
- (5) Seat between middle and rear most track positions
- (6) Seat at rear most track position
- (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued***53. Seat Back Incline Prior and Post Impact** 23

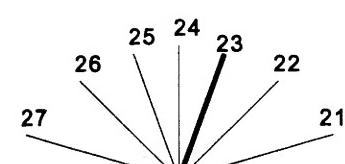
- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

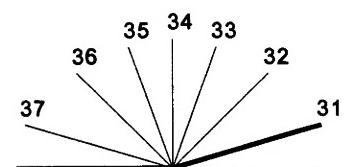
- (11) Moved to completely rearward position
- (12) Moved to rearward midrange position
- (13) Moved to slightly rearward position
- (14) Retained pre-impact position
- (15) Moved to slightly forward position
- (16) Moved to forward midrange position
- (17) Moved to completely forward position

***Slightly reclined prior to impact***

- (21) Moved to completely rearward position
- (22) Moved to rearward midrange position
- (23) Retained pre-impact position
- (24) Moved to upright position
- (25) Moved to slightly forward position
- (26) Moved to forward midrange position
- (27) Moved to completely forward position

***Completely reclined prior to impact***

- (31) Retained pre-impact position
 - (32) Moved to rearward midrange position
 - (33) Moved to slightly rearward position
 - (34) Moved to upright position
 - (35) Moved to slightly forward position
 - (36) Moved to forward midrange position
 - (37) Moved to completely forward position
- (99) Unknown

**54. Seat Performance (this Occupant Position)** 1

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed
 (specify): _____
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion, (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

CHILD SAFETY SEAT

55. Child Safety Seat Make/Model



(000) No child safety seat

Applicable codes are found in your NASS CDS

Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat



(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

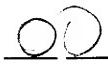
(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation



(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This**Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage



59. Child Safety Seat Shield Usage



60. Child Safety Seat Tether Usage

Note: Options below applicable to
Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES**61. Injury Severity (Police Rating)**

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify): _____

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify): _____
- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify): _____
- (9) Unknown

64. Hospital Stay

- (00) Not Hospitalized
- Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost

- Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

EMERGENCY RESPONSE INFORMATION**EMS Notification**

- (1) Not notified
- (2) Notified
- (9) Unknown

ROAD VEHICLE

EMS Notification Time (first unit)
(9999) Unknown

ROAD VEHICLE

AIR VEHICLE

EMS Arrival Time (first unit)

- (9998) EMS cancelled or did not arrive
- (9999) Unknown

ROAD VEHICLE

AIR VEHICLE

EMS Departure Time To

- Treatment Facility (transporting unit)
- (9997) EMS arrived, provided treatment, but did not transport
 - (9998) EMS arrived, but was not used
 - (9999) Unknown

ROAD VEHICLE

AIR VEHICLE

EMS Arrival Time At Treatment Facility
(9999) Unknown

ROAD VEHICLE

AIR VEHICLE

EMS Type

- (01) Fire department
- (02) Rescue squad
- (03) Police department
- (04) Trauma unit
- (05) Disaster unit
- (06) Ambulance service unit
- (07) Hospital
- (08) Mortuaries/funeral homes
- (98) Other, specify: _____
- (99) Unknown

FIRST UNIT

TRANSPORTING UNIT

ROAD VEHICLE

AIR VEHICLE

EMS Care

- (01) No care administered
- (02) First aid
- (03) Resuscitation
- (04) CPR
- (05) Emergency cardiac care
- (06) Life support system monitoring (blood pressure, pulse rate, respiration, EKG)
- (07) Emergency burn care
- (08) Combination of above, specify: _____
- (98) Other, specify: _____
- (99) Unknown

ON-SCENE

DURING TRANSPORT

ROAD VEHICLE

AIR VEHICLE

STOP WORK HERE VARIABLES 66-74 TO BE CODED BY THE ZONE CENTER

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****TRAUMA DATA**

66. Time to Death

00

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
- (96) Fatal - ruled disease
- (99) Unknown

67. 1st Medically Reported Cause of Death

00

68. 2nd Medically Reported Cause of Death

00

69. 3rd Medically Reported Cause of Death

00

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
- (96) Mode of death given but specific injuries are not linked to cause of death. (specify):
- (97) Other result (includes fatal ruled disease) (specify):
- (99) Unknown

70. Number of Recorded Injuries for This Occupant

04

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured

71. Glasgow Coma Scale (GCS) Score
(at Medical Facility)15

- (00) Not injured
- (01) Injured - not treated at medical facility
- (02) No GCS Score at medical facility
- (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
- (97) Injured, details unknown
- (99) Unknown if injured

72. Was the Occupant Given Blood?

1

- (1) No - blood not given
- (2) Yes - blood given
(specify units): _____
- (9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃01

- (00) Not injured
- (01) Injured, ABGs not measured or reported
- (02-50) Code the actual value of the HCO₃
- (96) ABGs reported , HCO₃ unknown
- (97) Injured, details unknown
- (99) Unknown if injured

BELT USE DETERMINATION

74. Primary Source of Belt Use Determination

1

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Vehicle inspection
- (2) Official injury data
- (3) Driver/occupant interview
- (8) Other (specify): _____
- (9) Unknown if belt used

OCCUPANT INJURY FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

74

3. Vehicle Number

02

2. Case Number - Stratum

1951

4. Occupant Number

01

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

A.I.S. - 90								Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number	
Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect					
1st	5. <u>3</u>	6. <u>1</u>	7. <u>9</u>	8. <u>04</u>	9. <u>02</u>	10. <u>1</u>	11. <u>2</u>	12. <u>203</u>	13. <u>2</u>	14. <u>1</u>	15. <u>00</u>
2nd	16. <u>3</u>	17. <u>6</u>	18. <u>4</u>	19. <u>06</u>	20. <u>78</u>	21. <u>1</u>	22. <u>8</u>	23. <u>603</u>	24. <u>2</u>	25. <u>3</u>	26. <u>00</u>
3rd	27. <u>7</u>	28. <u>7</u>	29. <u>9</u>	30. <u>04</u>	31. <u>02</u>	32. <u>1</u>	33. <u>2</u>	34. <u>051</u>	35. <u>1</u>	36. <u>1</u>	37. <u>02</u>
4th	38. <u>7</u>	39. <u>8</u>	40. <u>9</u>	41. <u>04</u>	42. <u>02</u>	43. <u>1</u>	44. <u>2</u>	45. <u>051</u>	46. <u>1</u>	47. <u>1</u>	48. <u>02</u>
5th	49. <u> </u>	50. <u> </u>	51. <u> </u>	52. <u> </u>	53. <u> </u>	54. <u> </u>	55. <u> </u>	56. <u> </u>	57. <u> </u>	58. <u> </u>	59. <u> </u>
6th	60. <u> </u>	61. <u> </u>	62. <u> </u>	63. <u> </u>	64. <u> </u>	65. <u> </u>	66. <u> </u>	67. <u> </u>	68. <u> </u>	69. <u> </u>	70. <u> </u>
7th	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>	79. <u> </u>	80. <u> </u>	81. <u> </u>
8th	82. <u> </u>	83. <u> </u>	84. <u> </u>	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>
9th	93. <u> </u>	94. <u> </u>	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>
10th	104. <u> </u>	105. <u> </u>	106. <u> </u>	107. <u> </u>	108. <u> </u>	109. <u> </u>	110. <u> </u>	111. <u> </u>	112. <u> </u>	113. <u> </u>	114. <u> </u>

OCCUPANT INJURY DATA

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head (2) Face (3) Neck (4) Thorax (5) Abdomen (6) Spine (7) Upper Extremity (8) Lower Extremity (9) Unspecified	<u>Vessels, Nerves, Organs,</u> <u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.	Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right (2) Left (3) Bilateral (4) Central (5) Anterior (6) Posterior (7) Superior (8) Inferior (9) Unknown (0) Whole region
Type of Anatomic Structure	The exceptions to this rule apply to:	To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	
(1) Whole Area (2) Vessels (3) Nerves (4) Organs (includes Muscles/ligaments) (5) Skeletal (includes joints) (6) Head - LOC (9) Skin	<u>Whole Area</u> (02) Skin - Abrasion (04) Skin - Contusion (06) Skin - Laceration (08) Skin - Avulsion (10) Amputation (20) Burn (30) Crush (40) Degloving (50) Injury - NFS (90) Trauma, other than mechanical	Abbreviated Injury Scale (1) Minor Injury (2) Moderate Injury (3) Serious Injury (4) Severe Injury (5) Critical Injury (6) Maximum (untreatable) (7) Injured, unknown severity	
	<u>Head - LOC</u> (02) Length of LOC (04) Level (06) of (08) Consciousness (10) Concussion		
	<u>Spine</u> (02) Cervical (04) Thoracic (06) Lumbar		

SOURCE OF INJURY DATA	INJURY SOURCE CONFIDENCE LEVEL	DIRECT/INDIRECT INJURY
<u>OFFICIAL RECORDS</u> (1) Autopsy records with or without hospital/medical records (2) Hospital/medical records other than emergency room (e.g., discharge summary) (3) Emergency room records only (including associated X-rays or other lab reports) (4) Private physician, walk-in or emergency clinic	(1) Certain (2) Probable (3) Possible (9) Unknown	(1) Direct contact injury (2) Indirect contact injury (3) Noncontact injury (7) Injured, unknown source
<u>UNOFFICIAL RECORDS</u> (5) Lay coroner report (6) E.M.S. personnel (7) Interviewee (8) Other source (specify): (9) Police		

INJURY SOURCES

FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify)
- (019) Other front object (specify):

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify):
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify):

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify):

- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify):

INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify):
- (155) Head restraint system
- (160) Other occupants (specify):
- (161) Interior loose objects
- (162) Child safety seat (specify):
- (163) Other interior object (specify):

AIR BAG

- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear

- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side

- (176) Air bag compartment cover-driver side and eyewear

- (177) Air bag compartment cover-driver side and jewelry

- (178) Air bag compartment cover-driver side and object held

- (179) Air bag compartment cover-driver side and object in mouth

- (180) Air bag-passenger side

- (181) Air bag-passenger side and eyewear

- (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side

- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held

- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify):
- (195) Other air bag compartment cover (specify):

ROOF

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify):

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify):
- (409) Additional or relocated switches, (specify):

- (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify):

EXTERIOR of OCCUPANT'S VEHICLE

- (451) Hood
- (452) Outside hardware (e.g., outside mirror, antenna)
- (453) Other exterior surface or tires (specify):
- (454) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify):

- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify):

- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify):
- (514) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (551) Ground
- (598) Other vehicle or object (specify):

- (599) Unknown vehicle or object

NONCONTACT INJURY

- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify):
- (604) Air bag exhaust gases
- (697) Injured, unknown source

OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

Restrained?

 No
 Yes

Blood Alcohol Level (mg/dl)

BAL = 7

Glasgow Coma Scale Score

GCSS = 15

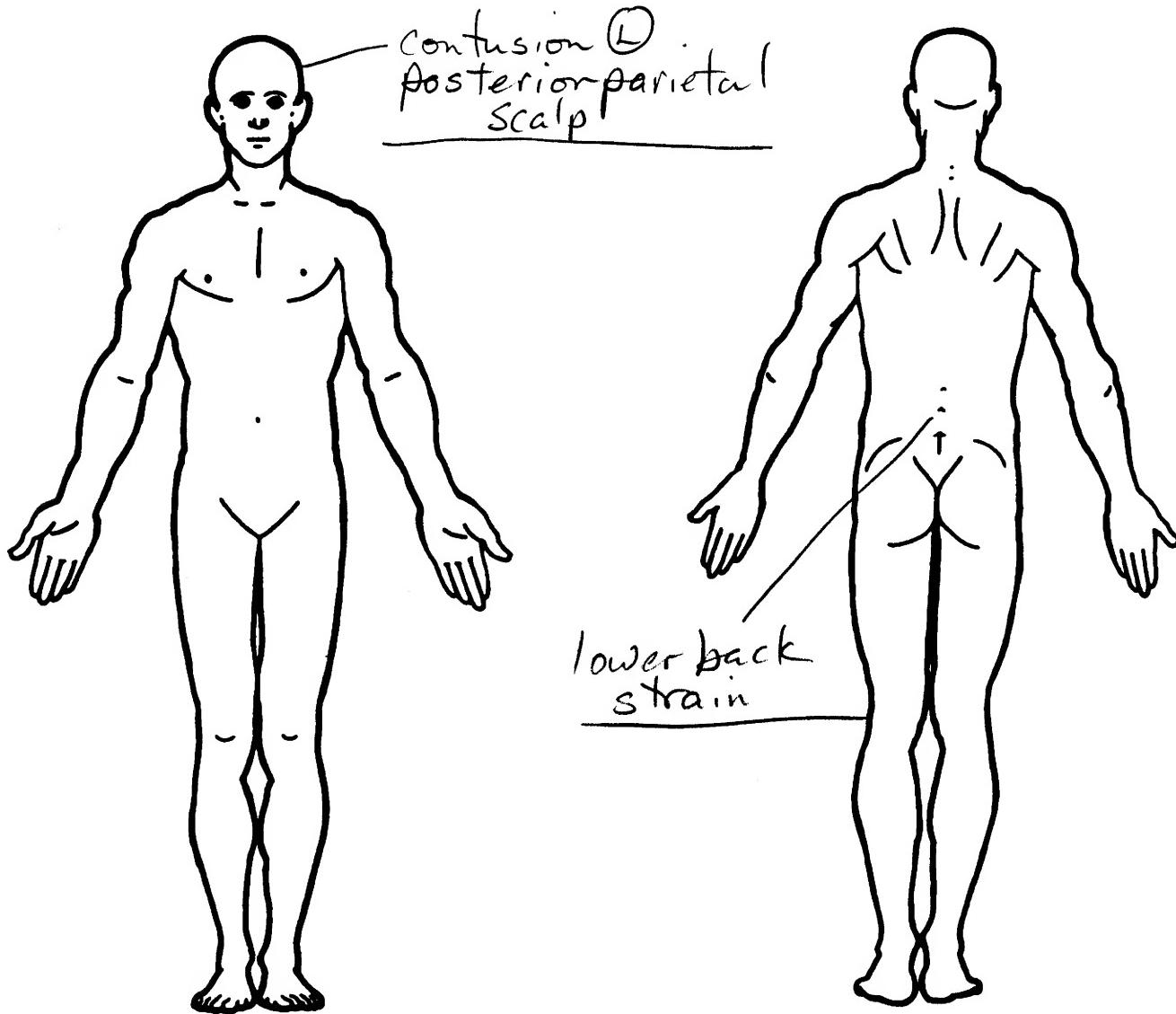
Units of Blood Given

Units = 0

Arterial Blood Gases

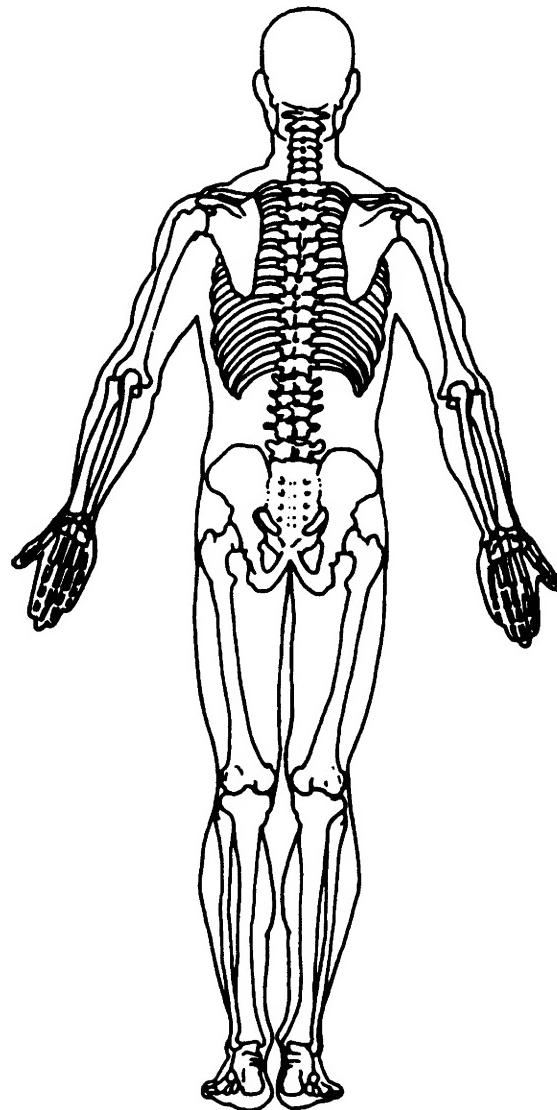
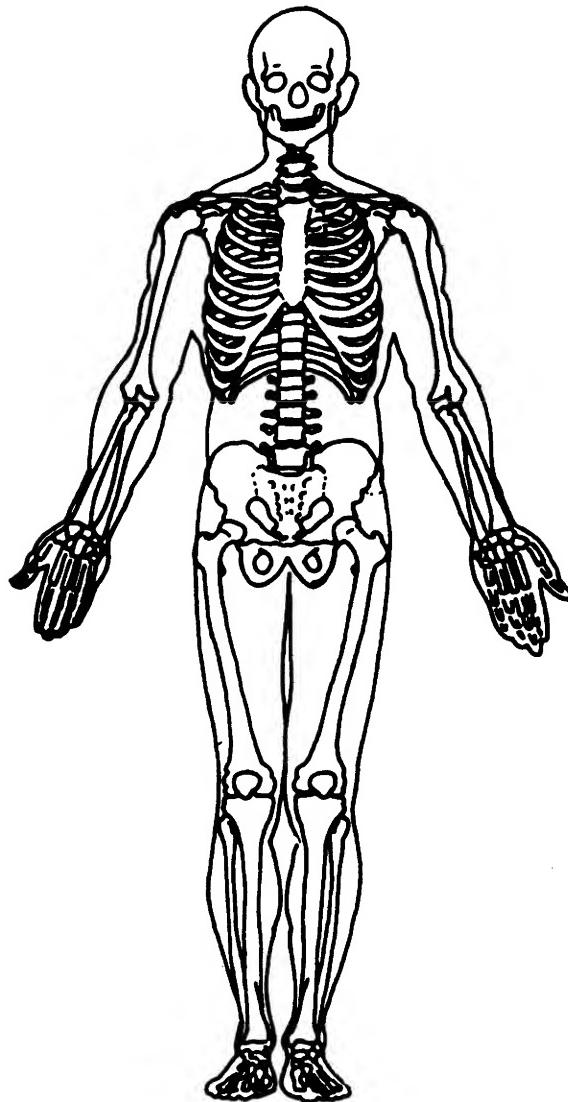
pH = 7.3PO₂ = 75PCO₂ = 38HCO₃ = 24

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



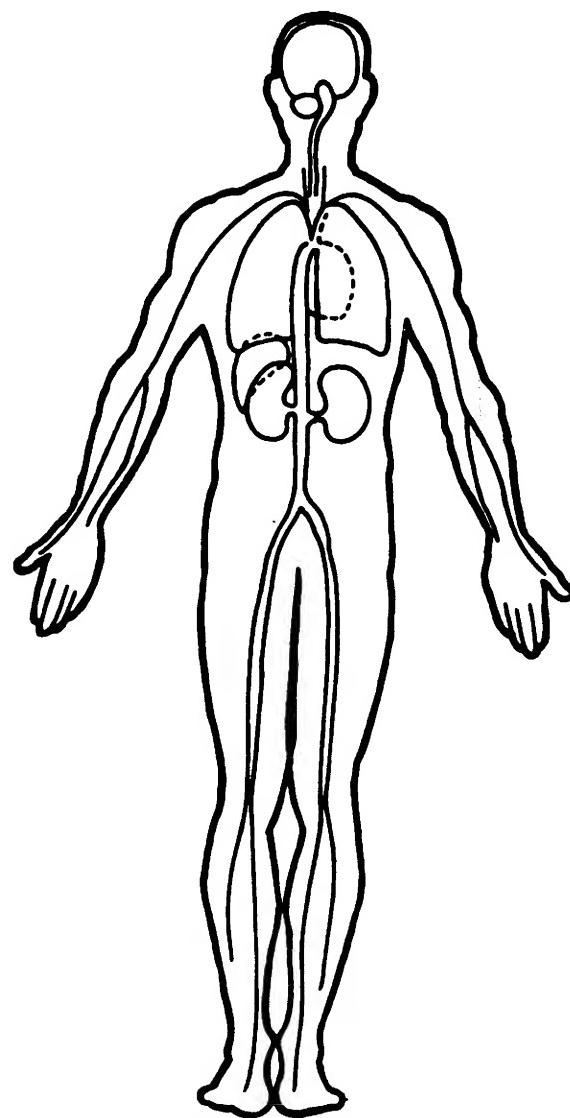
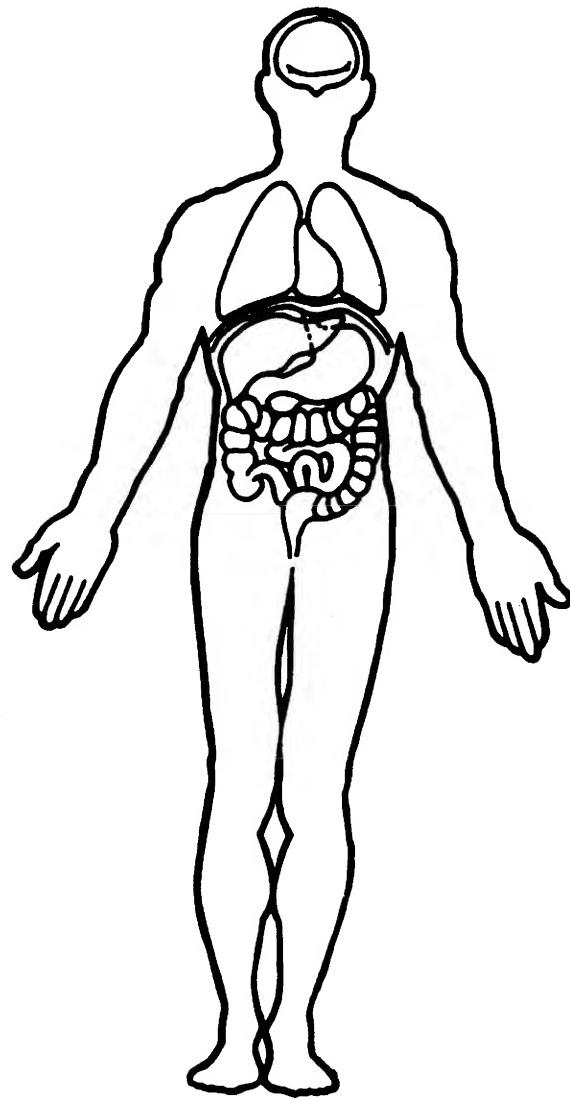
OFFICIAL INJURY DATA – SKELETAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA – INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





SMASH PROGRAM SUMMARY

(All Measurements In Metric)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Identifying Title

74

Primary Sampling Unit

195J

Case No.-Stratum

01

Accident Event Sequence No.

11/11/96

Date (Month, day, year) of Run

GENERAL INFORMATION

VEHICLE 1

NASS Vehicle Number

Year

Make

Model

Body Style

CDC

Damaged Side

PDOF

Heading Angle

01
1995

VEHICLE 2

NASS Vehicle Number

Year

Make

Model

Body Style

CDC

Damaged Side

PDOF

Heading Angle

02
1990

VEHICLE SPECIFICATIONS

VEHICLE 1

Wheelbase

285 cm

Overall Length

452 cm

Overall Width

183 cm

Weight

1557 + 88 + Curb Occupant(s) Cargo = 1645 kg

Engine Displacement

3.0 L

Drive System

RWD

Size

4

Stiffness

7

VEHICLE 2

Wheelbase

247 cm

Overall Length

438 cm

Overall Width

170 cm

Weight

1207 + 52 + Curb Occupant(s) Cargo = 1254 kg

Engine Displacement

2.0 L

Drive System

RWD

Size

2

Stiffness

2

DAMAGE INFORMATION

VEHICLE 1

Damage known?

Y

Damage Length

177 cm

Damage Offset

± 0 cm

Crush Depth:

19 C1 76 cm

16 C2 75 cm

14 C3 74 cm

12 C4 73 cm

9 C5 72 cm

9 C6 71 cm

VEHICLE 2

Damage known?

Y

Damage Length

320 cm

Damage Offset

± 165 cm

Crush Depth:

0 cm

Front end only

National Accident Sampling System-Crashworthiness Data System: SMASH Program Summary

SCENE INFORMATION

Rest and Impact Positions [] No [] Yes

	VEHICLE 1	VEHICLE 2
Rest	X <u>8.5</u> m	Rest X <u>8.6</u> m
Position	Y <u>10.0</u> m	Position Y <u>6.1</u> m
	PSI <u>-1460</u> °	PSI <u>-1340</u> °
Impact	X <u>14.5</u> m	Impact X <u>15.3</u> m
Position	Y <u>17.2</u> m	Position Y <u>13.7</u> m
	PSI <u>-90</u> °	PSI <u>180</u> °
Slip Angle (-180 to +180)	<u> </u> °	Slip Angle (-180 to +180) <u> </u> °

VEHICLE MOTION

Sustained Contact [] No [] Yes

VEHICLE 1

Vehicle Rotation	[] No	[] Yes
Rotation Stop Before Rest	[] No	[] Yes
End of Rotation	X <u> </u> m	End of Rotation X <u> </u> m
Position	Y <u> </u> m	Position Y <u> </u> m
	PSI <u> </u> °	PSI <u> </u> °

Curved Path [] No [] Yes

Point on Path	X	m	Y	m
Rotation Direction	[] None	[] CW	[] CCW	
Rotation >360°	[] No	[] Yes		

Sustained Contact [] No [] Yes

VEHICLE 2

Vehicle Rotation	[] No	[] Yes
Rotation Stop Before Rest	[] No	[] Yes
End of Rotation	X <u> </u> m	End of Rotation X <u> </u> m
Position	Y <u> </u> m	Position Y <u> </u> m
	PSI <u> </u> °	PSI <u> </u> °

Curved Path [] No [] Yes

Point on Path	X	m	Y	m
Rotation Direction	[] None	[] CW	[] CCW	
Rotation >360°	[] No	[] Yes		

FRICITION INFORMATION

Coefficient of Friction

Rolling Resistance Option

Ice / snow

.35
1

Vehicle 1 Rolling Resistance

LF .8 RF .8

LR .8 RR .8

Vehicle 2 Rolling Resistance

LF .50 RF .35

LR .03 RR .03

IF THIS COMMON IMPACT WAS WITH A CDS VEHICLE NOT IN TRANSPORT, FILL IN THE INFORMATION BELOW.

Model Year: _____

The Weight, CDC, Scene Data and Damage Information for this vehicle should be recorded above.

Make: _____

Complete and ATTACH the appropriate

Model: _____

damage sketch and dimensions to the form.

VIN: _____

Summary of Results Using Damage

74195j

Speed Change
(Damage)

Vehicle #1

Total 18 km/h (11 mph)
 Longitudinal -14 km/h (-9 mph)
 Latitudinal -12 km/h (-7 mph)
 PDOF Angle 40 °
 Energy Dissipated = 40388 Joules (29785 Ft-Lb)
 Barrier Equivalent Speed = 15.9 km/h (9.9 mph)
 Calculated using size and stiffness categories.

Vehicle #2

Total 24 km/h (15 mph)
 Longitudinal -15 km/h (-10 mph)
 Latitudinal 18 km/h (11 mph)
 PDOF Angle -50 °
 Energy Dissipated = 42950 Joules (31674 Ft-Lb)
 Barrier Equivalent Speed = 28.6 km/h (17.8 mph)
 Calculated using size and stiffness categories.

General Information

	<u>Vehicle #1</u>	<u>Vehicle #2</u>
Year	1995	1990
Make	Plymouth	Eagle
Model	Voyager	Talon
CDC	01FDEW1	10LDEW2
Side Damaged	F	L
PDOF Angle	40 °	-50 °
Heading Angle	-90 °	180 °

Calculation method: Size and Stiffness Size and Stiffness

Size Category	4	2
Stiffness Category	7	2
Vehicle Weight	1645 kgs (3627 lbs)	1254 kgs (2765 lbs)

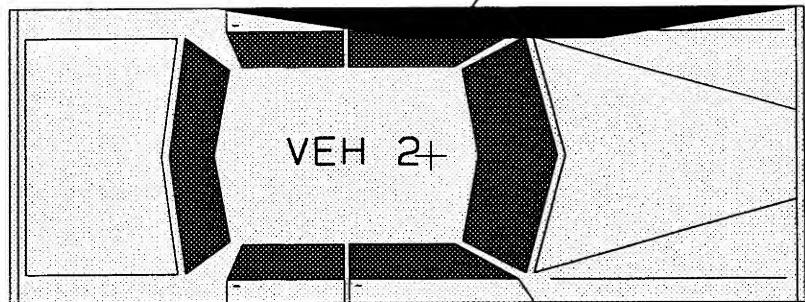
Damage Information

	Vehicle #1	Vehicle #2
Vehicle Damage Known	Yes	Yes
Crush Length	177.0 cm (70 in)	320.0 cm (126 in)
C1	16.0 cm (6 in)	0.0 cm (0 in)
C2	15.0 cm (6 in)	0.0 cm (0 in)
C3	14.0 cm (6 in)	0.0 cm (0 in)
C4	12.0 cm (5 in)	0.0 cm (0 in)
C5	8.0 cm (3 in)	0.0 cm (0 in)
C6	6.0 cm (2 in)	0.0 cm (0 in)
D	0.0 cm (0 in)	17.0 cm (7 in)
D'	-13.2 cm (-5 in)	17.0 cm (7 in)

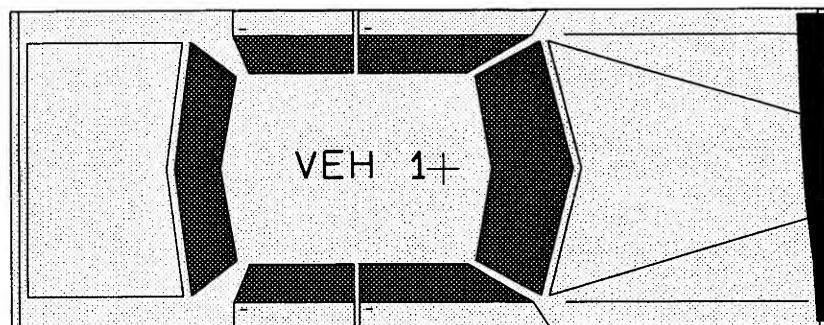
Vehicle Dimensions

	Vehicle #1	Vehicle #2
Length	452.5 cm (178 in)	438.0 cm (172 in)
Width	183.0 cm (72 in)	168.9 cm (66 in)
Wheelbase	285.3 cm (112 in)	246.9 cm (97 in)
Weight	1645 kgs (3627 lbs)	1254 kgs (2765 lbs)
CG to Front of Veh	251.0 cm (99 in)	211.6 cm (83 in)
Engine Displacement	3.0 liters	2.0 liters
Moment of Inertia	304524 kgs (26954 lbs)	217342 kgs (19237 lbs)
Vehicle Mass	1645 kgs (9.4 lb-s^2/in)	1254 kgs (7.2 lb-s^2/in)

1990 Eagle Talon



1995 Plymouth Voyager



74195j

[REDACTED], 1997

OCCUPANT INJURY Vehicle: 1 Occupant: 2

11

INTRA-ERRORS

OTT0541 2 ***** THIS IS A SPECIAL INTEREST CASE FOR NHTSA *****
TT0542 ***** THIS CASE SHOWS A RESTRAINT AS THE INJURY SOURCE *****
TT0543 ***** FOR AN AIS-2 (OR GREATER) INJURY. *****
TT0544 ***** CHECK FOR ACCURATE AND COMPLETED DOCUMENTS & DATA *****
TT0545 ***** IF GREATER THAN AIS-2, CALL [REDACTED] *****
TT0546 INJURY SOURCE OI12(n) equals 152-154, 162 or 170-195 and A.I.S.
TT0547 SEVERITY OI10(n) equals 2-6.

○

OCCUPANT ASSESSMENT Vehicle: 2 Occupant: 1

11

INTRA ERRORS

0HH1091 2 If TREATMENT DA62 equals 0, 4 or 5, then WORKING DAYS LOST DA65
HH1092 should equal 00, 01, 97 or 99.

011

INTER-ERRORS

OET0011 2 If TYPE OF STRUCTURE OI07(n) equals 9 and SPECIFIC STRUCTURE
ET0012 OI08(n) equals 20, then FIRE OCCURRENCE EV33 should not equal 0.
ET0013 GV=01 OA=02 OI=02

HT0081 2 If TREATMENT OA62 does not equal 1 or 2, then no A.I.S. SEVERITY
HT0082 OI10(n) should equal 6. GV=01 OA=02

HT0091 2 If HOSPITAL STAY OA64 equals 06-61, then an A.I.S. SEVERITY
HT0092 OI10(n) should equal 2-5. GV=01 OA=02

01

FORM NAME	NUMBER OF DOLLAR SIGNS	NUMBER OF LEVEL 1 ERRORS	NUMBER OF LEVEL 2 ERRORS	VERSION NUMBER CONSISTENT
Accident	0	0	0	Y
General Vehicle	0	0	0	Y
Vehicle Exterior	0	0	0	Y
Vehicle Interior	0	0	0	Y
Occupant Assessment	0	0	1	Y
Occupant Injury	0	0	1	Y
Total Inter Errors		0	3	
Total Case Errors	0	0	5	

0



SLIDE INDEX

Primary Sampling Unit Number 74

Case Number—Stratum 1 9 5 J

















































































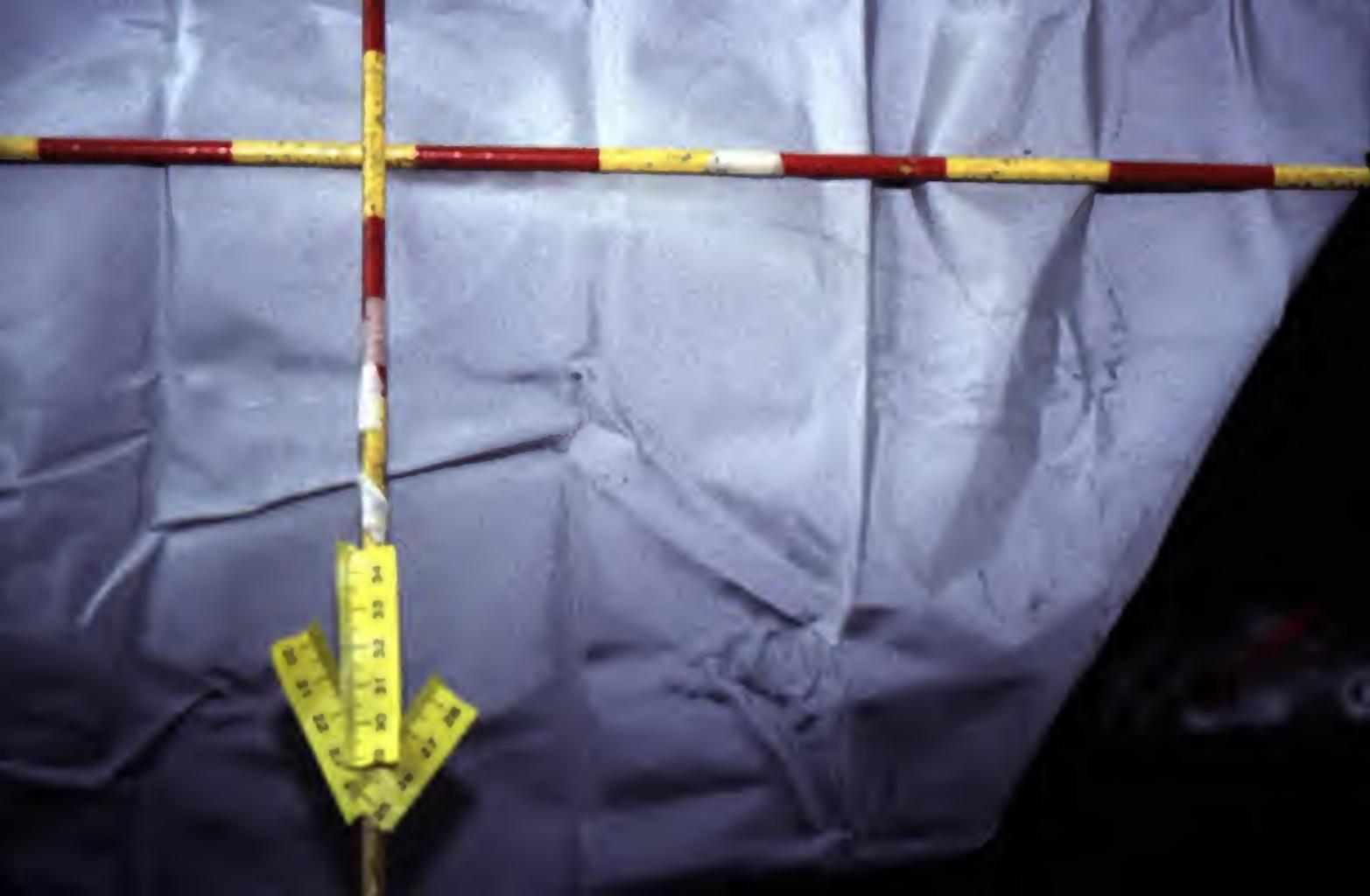


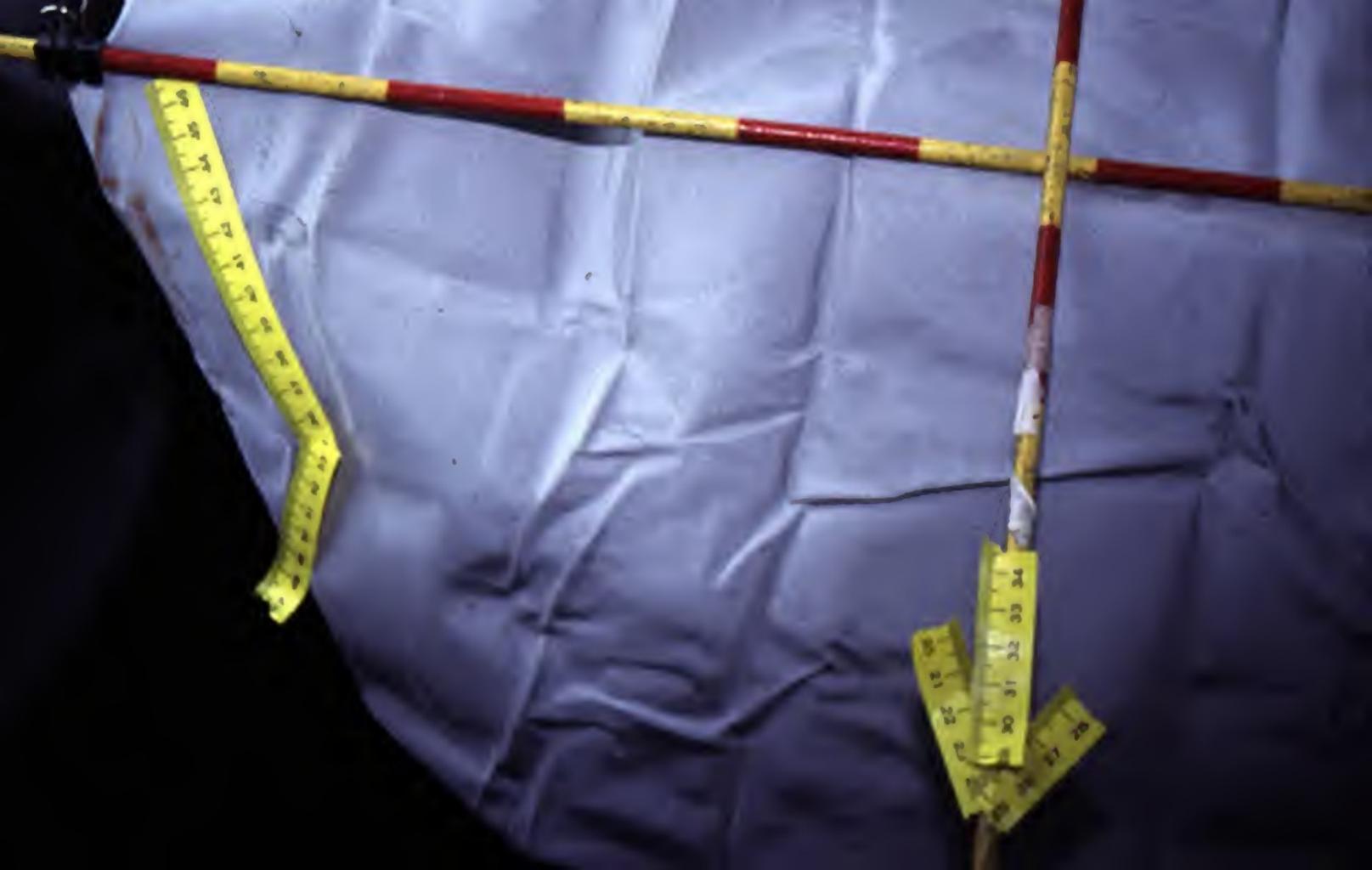












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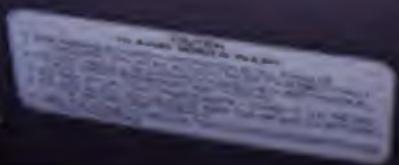
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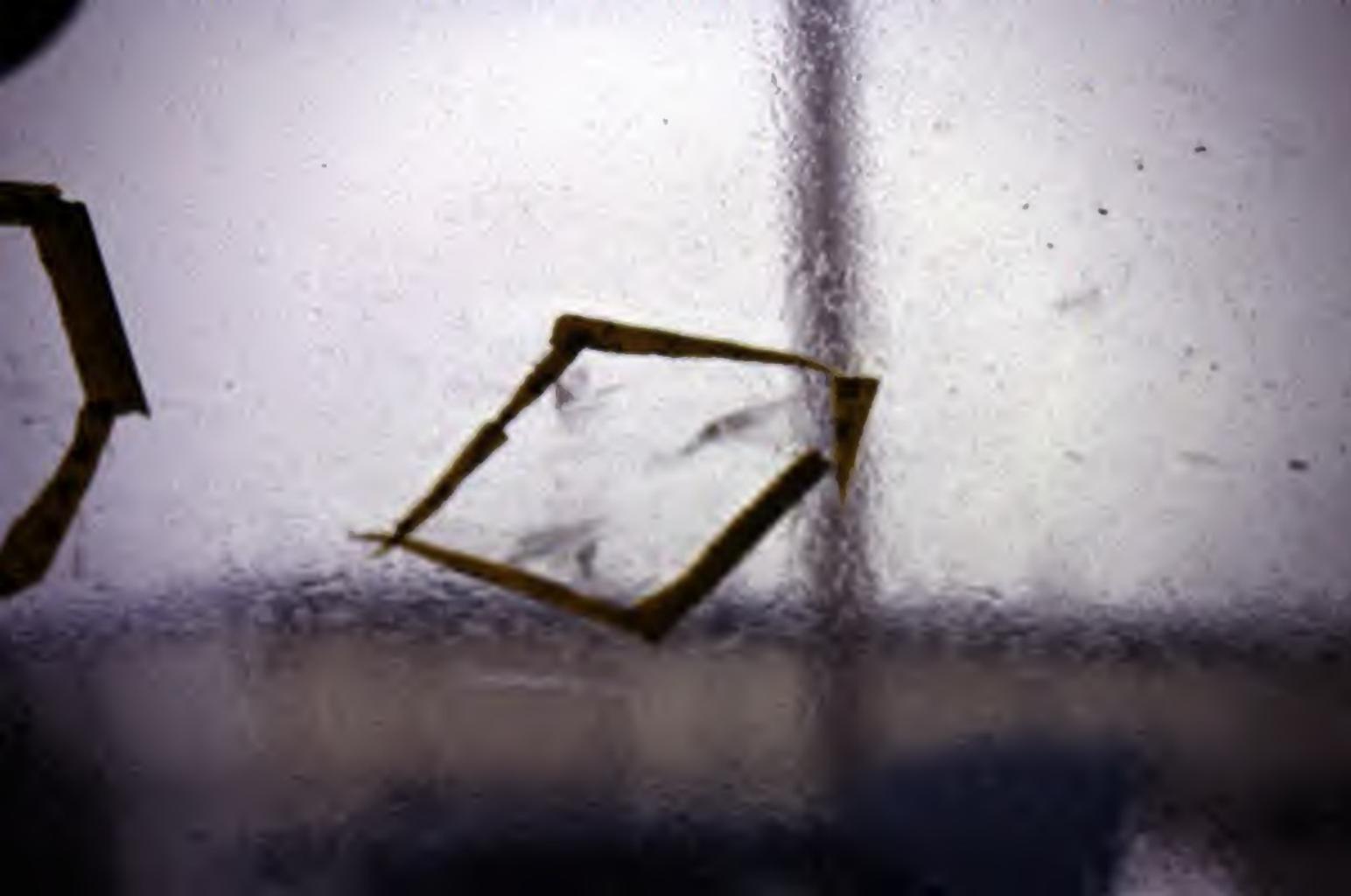
























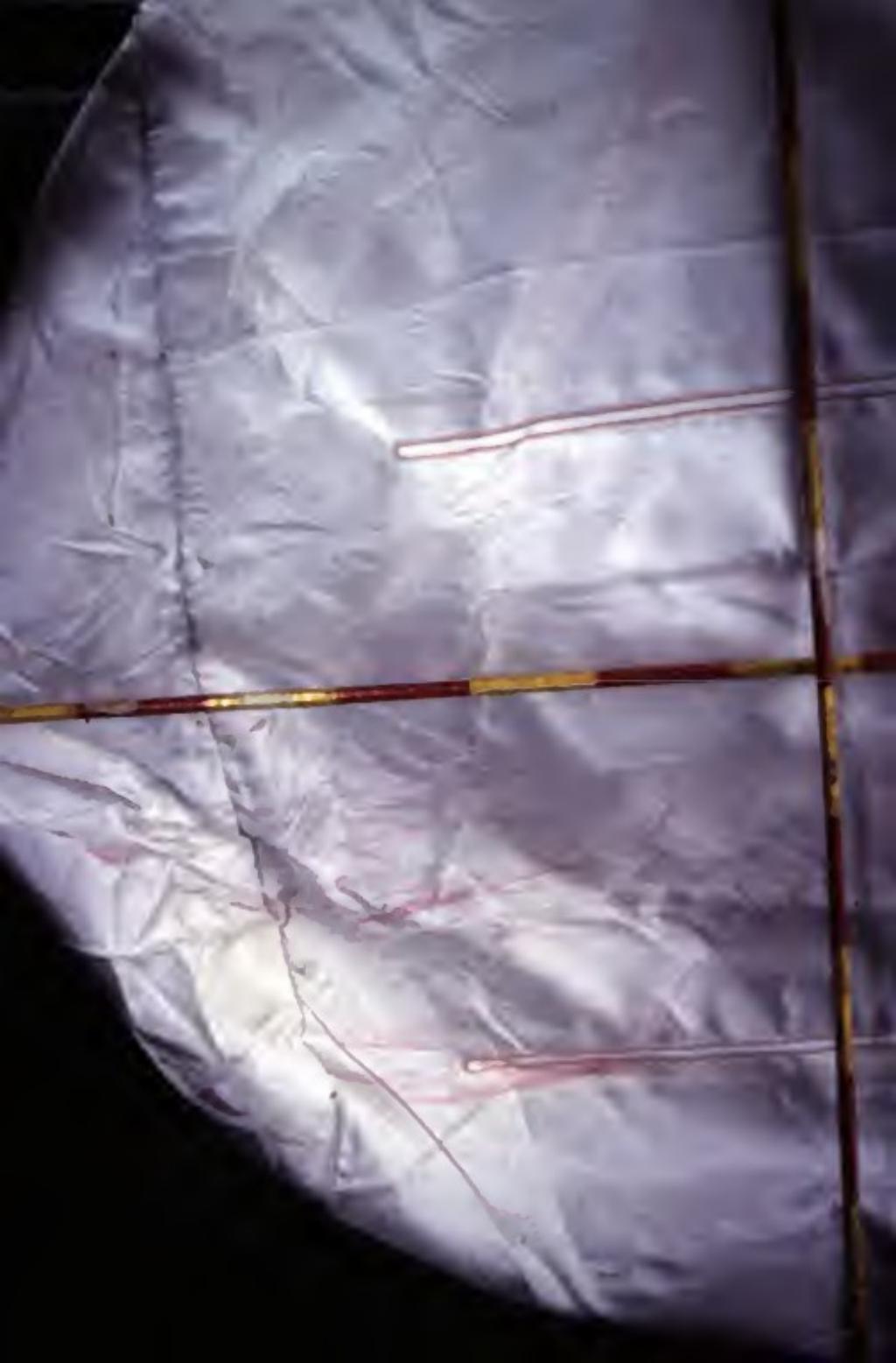
































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R





















































UNLEADED
PUMP ONLY

UNLEADED
PUMP ONLY























































SLIDE INDEX





2



3











8















15



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17



18







B1



27